STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME MIDDLE MONIH 26 HOUR LIYPE OF PRINT IF UNDER I YEAR DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE VEAD W) HITE FEMALE 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY To BIRTHPLACE ASTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY USSIA DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. WIND OF BUSINESS OR ID CITY OR JOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSTRY HAKE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JSUAL RESIDENCE 136 COUNTY 13d INSIDERTY LIMITS? 13e STREET ADDRESS / ZIP CODE 13a. STAJ. YES MI NOT 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT APPESS. PAUL KANE RUNNING BROOK COLUMBIA, MD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Pheumonia IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF onephovascular acrosont Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED M.B., B., S ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN should be with the IMPORTA 22d PHYSIGIAN'S NAME LITTE OF PRINT 22e ADDRESS ountimEE GREATER BALTO. LODGE BALTIMORE BP. SOL LEVINSON & BROS., INC. 250 DATE REC D. BY REC II THE 1250 REGISTRAR S SIGNATURE DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO., MD 21215 (VRA 15, 4)

	STATE	OF	MARY	LAND
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ENT OF HEALTH AND MENTAL HY	GIENE	2	13	47%	
CERTIFICATE OF DEATH	O	0	REG. NO.	2	

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DHMH - 16 60M 7/84 (VRA 15, 4)

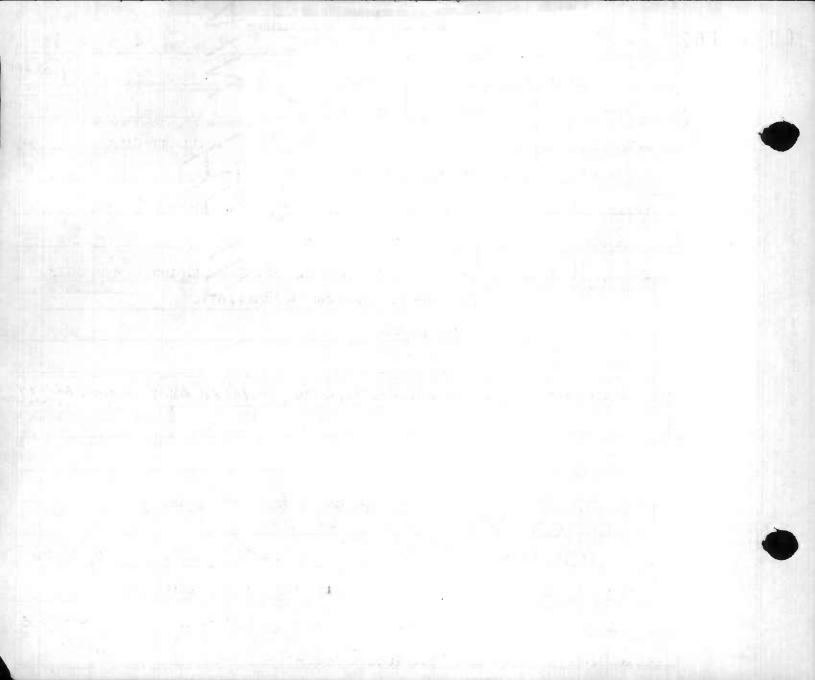
IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical

24 FUNERAL DIRECTOR

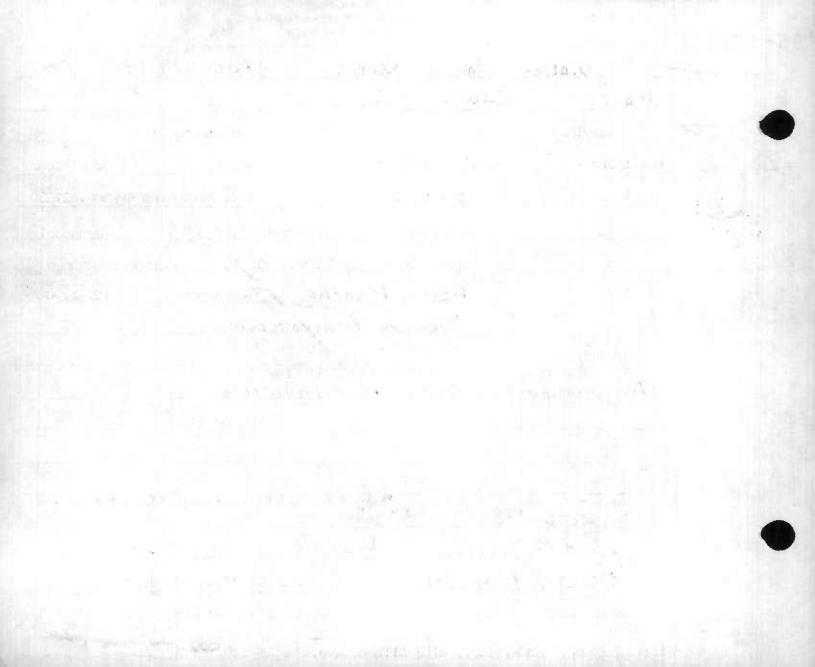
Hubbard Funeral Home, Inc.

21229 ADORESS

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 4107 Wilkens Ave



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(VRA 15, 4)	H	ubbard Funeral E	lome, In		Wilke		AUI	0 4 4 1900	d'ina	witter - 1	-



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(VRA 15, 4)		John C. Miller	Inc 6415 Be	lair Rd.		5 1986	Gista David	our Bridge

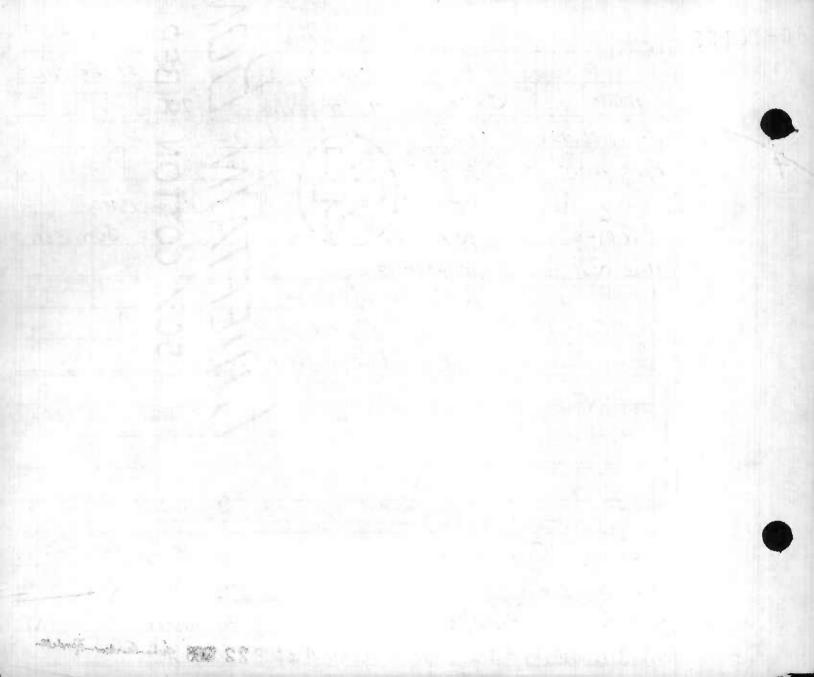
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August 1980 - Maria State of the State of th

STATE OF MARYLAND

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	BP	B	URIAL	8/23/86	Kina	Ballin	ore MD.
	DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR	1			256 REGISTRAR'S SIGNATURE
	(VRA 15. 4)	W	M.C. March F	H INC. 1101	East North Ave	AUG 22 1885	felic twidow of mount



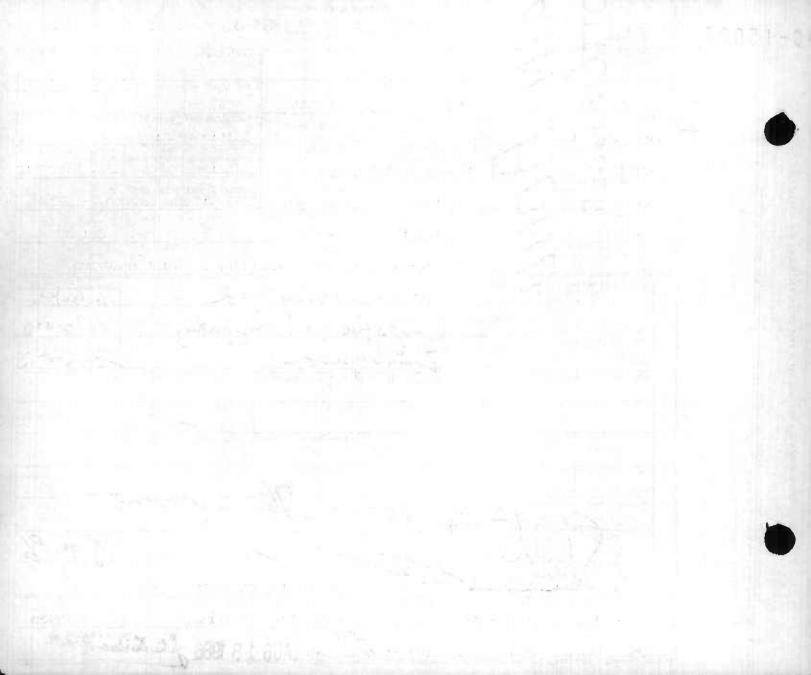
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛵 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH LAST 7h HOUR DECEASED NAME TYPE OR PRINT 8/11/86 Maggie J. Kent poge r 6 AGE | IN YEARS LAST BIRTHDAY 4 RACE 5. DATE OF BIRTH IE UNDER 1 YEAR IF UNDER 24 HRS 3 SEX MEAD 25 Female Black. 102 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED . NEVER MARRIED COUNTRY) Md IISA WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Sinai Hospital MOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 3506 Milford Ave. 21207 Md. Baltimore NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST Maggie Kent James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17. INFORMANT HEYES GIVE WAR OR DATES LYES NO OR UNKNOWNI 21207 217-84-8458 John Spencer 3506 Milford Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOT YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from 86. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased olive an. above, (1) (we) (did) (did not) view the bady after death 224 DATE SIGNED DEGREE ATTENDING A MEDICAL OURECTOR PHYSICIAN 22e ADDRESS PORTAR 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL Burial Laurel Md. National Cem. 8/16/86 Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Eutaw Place AUG 26 1998 January Mandall FSPA 1300 Chas. A. Rice (VRA 15. 4)

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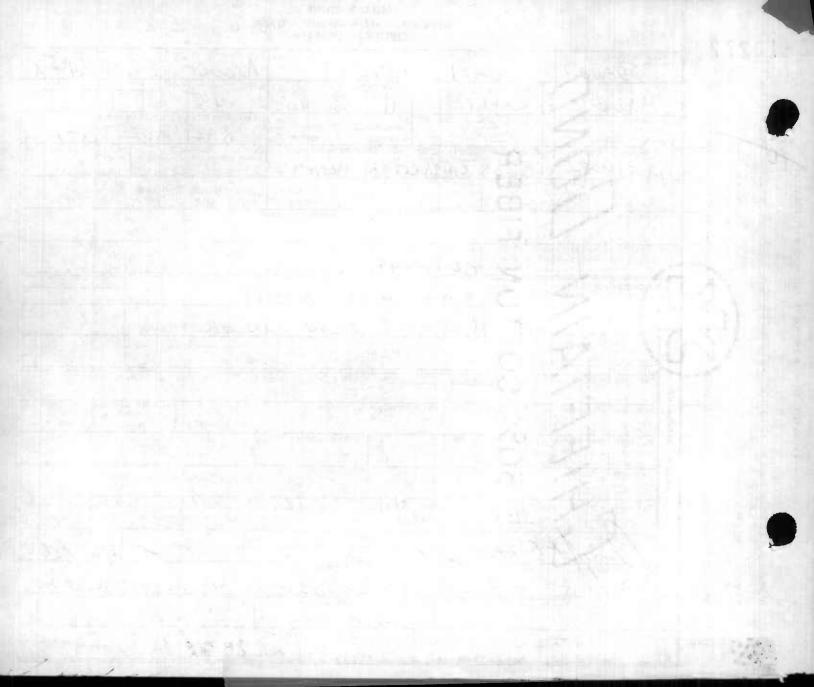
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

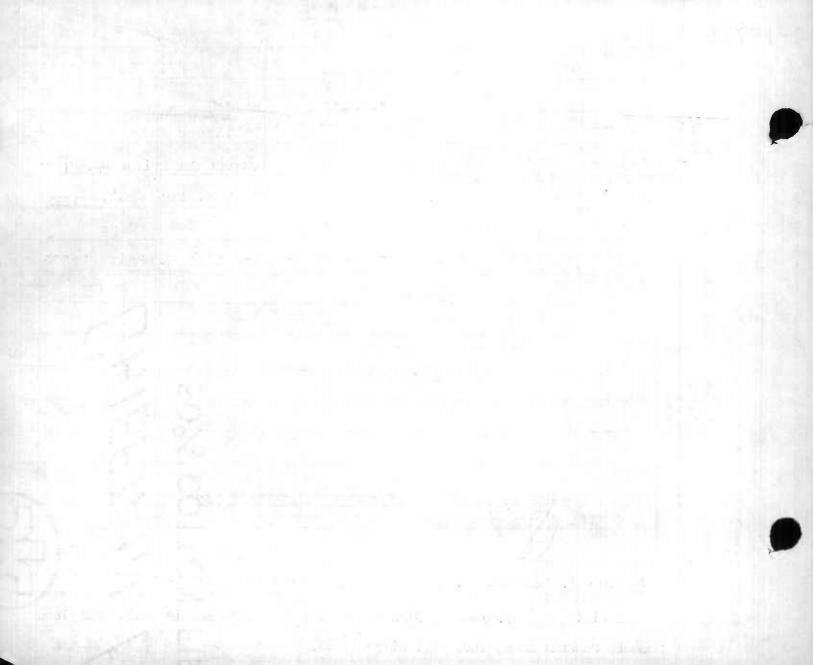
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DHMH - 16 60M 7/84 (VRA 15, 4)



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	24 FI	JNERAL DIRECTOR	0,50,00	0.101			ECID. BY REGISTRAR		-
OM 4/83		Jubbard Funeral	Home, Inc	. 4107 Wi			0 1006		Randell .



IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR S.Kossuth St. 13e STREET ADDRESS / ZIP COD Baltimore, Maryland Best 104 S. Kossuth St. - 21229 1810 Ashburton St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Th. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 21218 (SPECIFY) CITY OF TOWN BURIAL 18/30/1986 ARBUTUS MEMORIAL PARK Baltimore, Maryland 24 FUNDENTERCIOR SONS FUNERAL HOME. INC. 250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNAPORE DHMH - 16 60M 7/84 Aulia Davidon 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216 (VRA 15, 4)

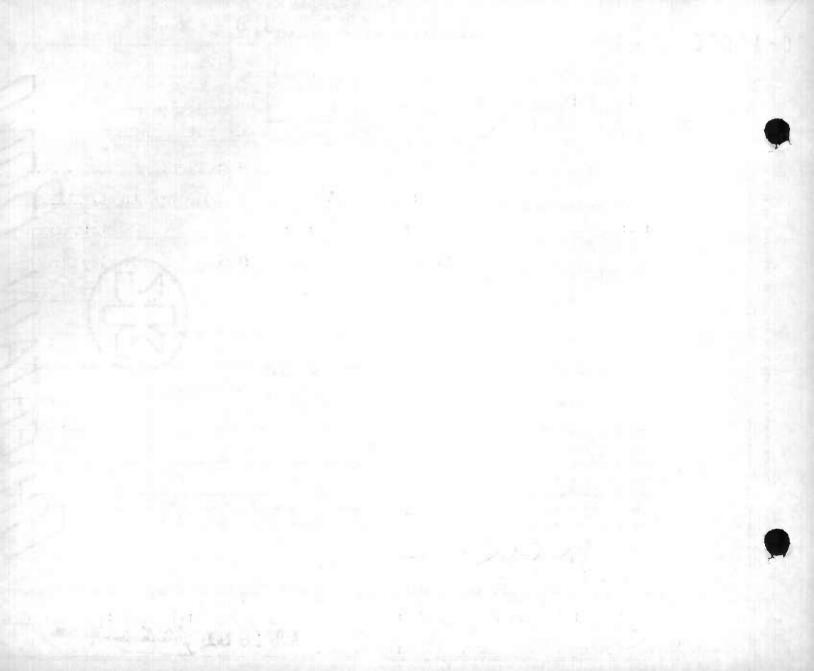
STATE OF MARYLAND

26 HOUR

10-15580		FOR STATE REGISTRAR			CERTIFI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	6 REG. TR	2 5	0 4	
noy be page 3 er death		ECEASED NAME FIRST PE OR PRINT) ED WA	Ro Lee		KIS	AMORE	20. DATE OF DEATH	8 15	YEAR 26 HOUR 1230 PM	
oge 4 moy rector, pog urs ofter d	3 5	Male	1 RACE	nite	5. DATE OF	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS IF U	DER I YEAR IF UNDER 24 HRS.	
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MARYLAND ic within 24 monpletely filled and 2 should	20	FATHER'S NAME FIRST Dennis	MIDDLE Kis:	amore		Marie	Mildre	d	Moore	
IMORE oe execu- n and co- r Pages I	2 160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Z12.38.5844 Marguerite C. Kisamore #13e								
uires that the death certifications by the attending phyen please remove carbonpa to buriol, cremotion, or removury, or other troumatic even	2	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)								
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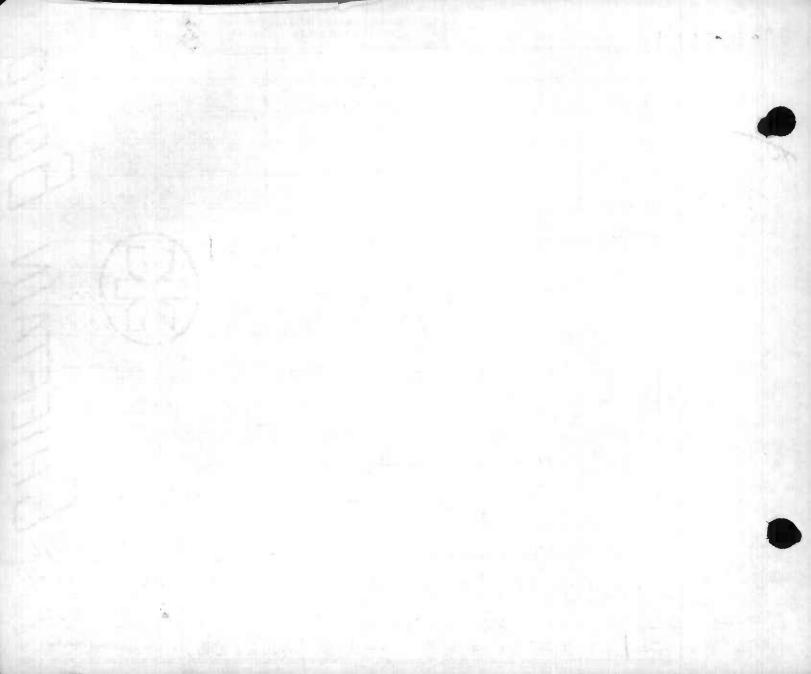
AUD BURNES

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2g. DATE KNOWNX 26 HOUR (TYPE OR PRINT) OF DEATH MATED 8 15 19 86 BARBARA KITCHEN 4 RACE 5. DATE OF BIRTH 2d. HOUR 6 AGE UN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED 10°05 DEAD Female White 42 43 10 86 Oct. To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Maryland USA Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS Baltimore St. Agnes Hospital Stock Clerk Dept. Store USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD, 21201 13a. STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 603 Wellesley Street, 21229 NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Minnie Morrison Stolzenbach 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) No 215-40-5854 Isaac I. Kitchen, 603 Wellesley Street CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GET BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL. YES X NO [DEPARTMENT 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216 PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an death resulted fram: Natural causes Hamicide L Undetermined manner TITLE (SPECIFY) Deputy Chief 8-16-86 EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 8/19/86 Security Process Crem. Cremation Catonsville Baltimore Maryland 07/B4 25M 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Hubbard Funeral Home, Inc., 4107 Wilkens Ave.



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2 3	9		ARYLAND	OUNT	13c. CITY OR TOWN BALTIMOR		13d. INSIDE CITY LIMITS? YES X NO	3601 FORD		APT. 109 #21215		
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STATE OF MARTLAND

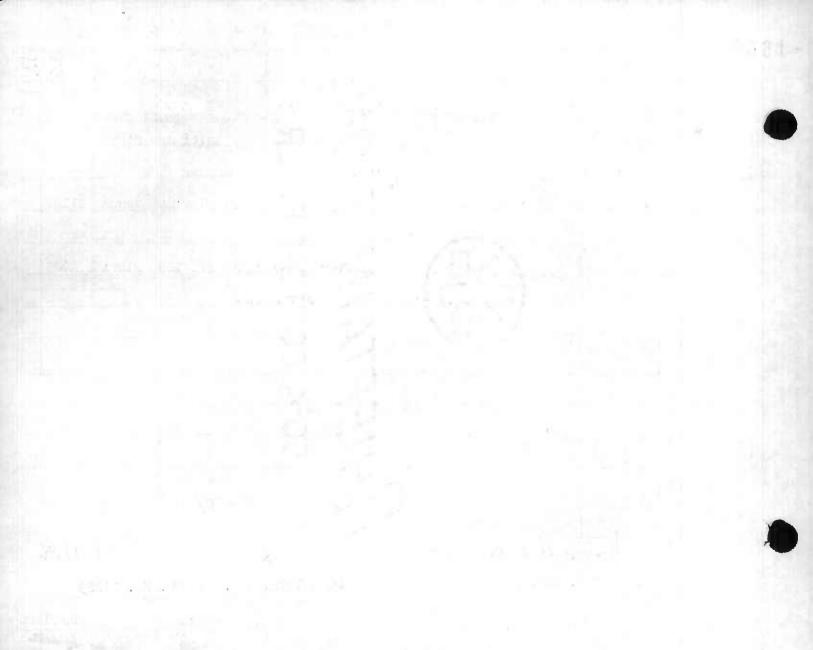


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) AGNES J 9, 1986 02:46pm KLEBONIS AUGUST 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR White Female 1913 BIRTHPLACE | STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY Pennsylvania WIDOWED TO DIVORCED [10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR THE JOHNS HOPKINS IND DOMESTIC BALTIMORE HOSPITAL JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13L COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Pennsylvania YES [NO X Somerest Boswell FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE EIRST. Hughs Jane John Lees Mary 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Mary Vought RD#2Box10.Stoystown.Pennsylvania No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardiovascular desease atteroculeron Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21a. ACCIDEN WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspita) attended the deceased from saw the deceased alive an. and that in (my Cau) apinian death accurred an the date and hour and from the causes stated above, (1) (ve) (aid) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME LTYPE OF PRINT JOHNS HOPKINS HOSPITAL 600 N. Wolfe Street Baltimore, Md 21205 MARUSIN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Jenner Cross Roads Cem. Jenner Cross Roads, Somerest, Pa. Burial 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 2784 Julia Davidson Janasas Upperco, MD. Marzullo Funeral Service (VRA 15, 4)

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BALTIMORE, MD	NA THE STATE OF TH	(,	no or unknown	I (IF YES, GIVE	E WAR OR DATES)	217	-80-668	32	Doris	Klin	e (mother) 3689 E	oudley Av	ve.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	TE SHOULD BE EXECUTED WORD "PENDING" IN PRINCIPLE MEDICAL EXAM BURIAL. BE USED AS A BURIAL. BNY OF HEALTH AND MEDICAL EXEMATION, CREMATION, CLEMATION, CLE	7	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO OFATH	BUT NOT REL	ATED TO THE TERM	INAL DISEASI	OR CONDITION	GIVEN IN PART	1 (a).			
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	2 032 2 .8		ACTUAL	X	101	/					MEDICAL EXAMI	DA		86
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	TIME TIME		EXAMINER'S NA	ME G	regory R.	Kauf	fman. N	1.D.	ADDRESS		111 Penn	St.		
	TO MEDICAL EXAMINES EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOL AFFER DEATH, WITH THE BALLIMORE, MARYLANI	230 B	URIAL, CREMATIO				NAME OF CEA			py 1	23d LOCATION			
		130.0	SPECIFY	,	8/12/86		ak Law		CKEMATOR	N.	23d LOCATION CITY OF TOWN Baltimo		OUNTY	STATE
07/84 25M	BP	24 F						.1	25	So. DATE REC	C'D. BY REGISTRAR		SSIGNATURE	
	DHMH - 17		NAME SCHILL	munek F	uneral Hor	me,]	nc.	212		AUG	13 1986	Lie Davis	danda	مالا
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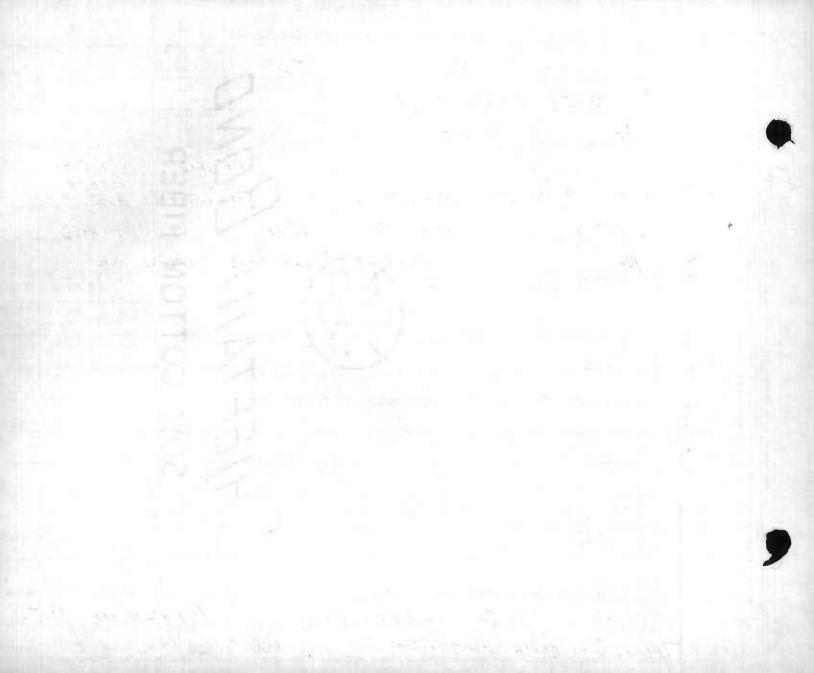
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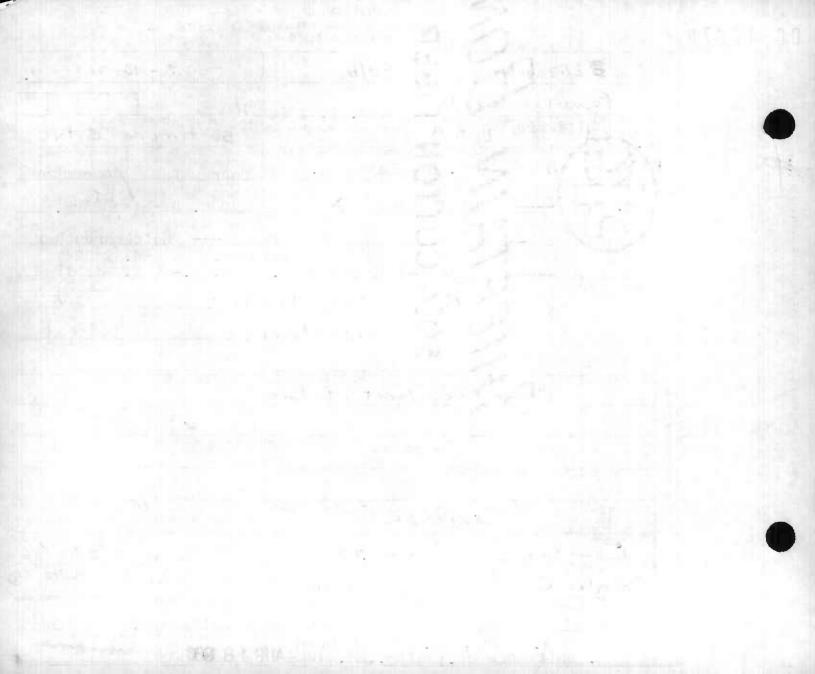


DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH 26. HOUR A TTYPE OR PRINTS Francis Koch 8-27-1986 11:30. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR YEAR 1909 Male White BIRTHPLACE ISLATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Maryland Baltimore City ULCITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Office Empl. Westinghouse Baltimore 1011 North Iris Ave. 13e STREET ADDRESS Baltimore Maryland 1011 N. Iris Avenue 21205 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE unk. Koch unk. ADDRESS 1011 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 216-07-2547 Mrs. Minnie L. Koch 21205 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)
PART 1. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Brucones 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOW INJURY OCCURRED CENTER NATURE OF NATURE IN TERES AND A GREAT TO HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION CITY OF LOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) DEGREE 22c DATE SIGNED ATTENDING & MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERA 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL (SPECIFY) Burial 8-29-1986 Zion Evangelical Baltimore, Maryland 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 Joseph N. Zannino Jr. 263 S, Conkling (VRA 15. 4)

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		STATE OF MARYLAND	
	20.00	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2	
0 1	1001	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
10-1	1061	KEG. INC.	
		1. DECEASED NAME FRST MIDDLE LAST 20. DATE KNOWN X MONTH DAY YEAR ITYPE OR PRINT)	2h HOUR
	# & & & E	Menton E. Kohl JR DEATH MATED □ 8-2 1986	
	CTOR CTOR FILES HOUR STREE	3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR	2d HOUR
	SEE	MONTH DAY YEAR LASTBERHOAT) MONTHS DAYS HOURS MIN. PRONOUNCED	4:40
	*25583	11 WHITE 3-21-1915 7/ YRS. DEAD 8-2 1986	a. M
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-	888年至12	FOREIGN COTTON	
•	AZZZZZ	widowed Divorced Baltimore City,	MD
	55.00	CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 175 KIND OF	USINESS
	NEW CONTRACTOR	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUS	
17	ALD YEAR	Baltimore University Hospital - STU NETICED R. G. R.	
10	O m Z G G	SUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI	11 11 1
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8	CARREN	4 FATHER'S NAME IS. MOTHER'S MAIDEN NAME	
	BUS 98 /	MENTON E. KOHI SR. NORA WEINHOLD	
86	89849		
*	MAGNA	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (YES, SO, OR UNKNOWN) (YES, SO, OR UNKNOWN) (YES, SO, OR UNKNOWN)	
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10	ZZZZZZ Z	Canditions, if any, which	
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9	SA SE SE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)	
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Ö	ZALS S	HOUR TEM. MONTH DAY YEAR	
ő	EL COESON	CONTRIBUTING CAUSE OF DEATH 3:00 P.M. 7-17 1986 driver in auto/tractor trailer impact	
S	N O S O S	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211, LOCATION	
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	ST P RY	226. I certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my opinion	2 1 1 1 1 7
	MA SCOTT		
	季 声器の注意	death resulted ram: Natural course Actident XX, Suicide , Hamicide Undetermined monner ,	
	SHORES !	TITLE (SPECIFY)	
	m02m7.8	ACTUAL DATE 0-2-	86
	SEX SER	SIGNATURE SIGNED OF Z	
	OH ANDS	EXAMINER'S NAME Down in E. Courth M. D. 111 Down St. Balto Md. 2120	. 7
	¥SHZEE	(TYPE OR PRINT) Dennis F. Stryth, M.D. ADDRESS 111 Penn St., Balto., Md. 2120	11
1/1/1	BAT PATE	230 BURIAL, CREMATION, REMOVAL 236 DATE 231, NAME OF CEMETERY OR CREMATORY 230 LOCATION	
149	494		STATE
07/84	BP	BURIAL 8-6-86 LAKEVIEW MEM. CINNAMSON N	17.
25M	DHMH - 17	24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE	
	(VR A15 ME (5))	THOMAS J. SKARDA 2829 HUDSON ST. AUG 7 1986 Julie Davidson-Marde	Man .
	(AV WIR (A))	THOMAS A CHILLY	





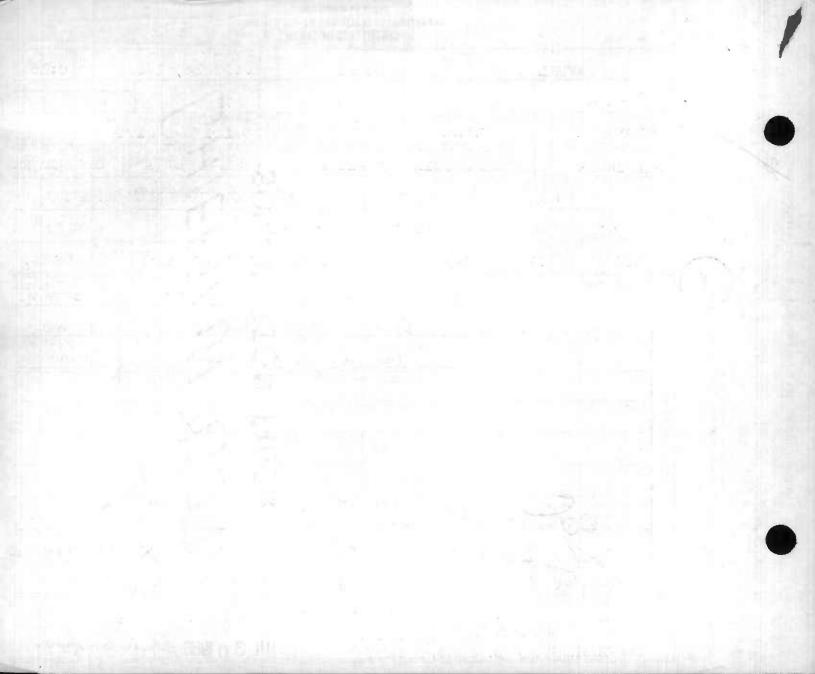
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George V. Clark Holis n. nonthemph 1921 Footwell Ave.

SOUSTILE SOURT S. HOLLON Catemaville, No. 21228

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.	2	3	1	5

-1		REGISTRAR			CERTIF	ICAIL OI I	LAIII .		REG. NO	D				
٦		EASED NAME FIR		AIDDLE	L.	AST		20 DATE C	OF DEATH	MONTH	DAY	YEAR	26 HOU	R
	(TAME	OR PRINT) He	len		Kolo	dziejs	ki			8	31	86	6:25	PM
	3. SEX		4. RACE	W T	5 DATE C		ŏ53	6. AGE (IN	YEARS LAST BIR	HDAY	MONTHS	FR 1 YEAR	IF UNDER	
	F	emale	White		MONTH 8	17	YRS.	MONTHS	DAYS	HOURS	MIN.			
P	7a. 816	RTHPLACE (STATE OPPORER	ON TE CITIZEN OF	WHAT COUNTRY?	8	NEVER /		9 BALTIMORE CITY OR COUNTY OF DEATH						
		ryland		S.A.	WIDOWE	D 01	VORCED [Baltimore City						
		ty or town of death ltimore		HOSPITAL, NURSING HEACHITY GIVE STREET A BO Street		one)	NOITUTION		LOCCUPATI ORK FOR MOST O ewife		IFE) IN	DUSTRY	FBUSINE	
2	13a. S	AL RESIDENCE (IF NURSING H TATE 13b. ryland		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimor	1	13d INSIDE C	ITY LIMITS?	13e STREET	ADDRESS /	zip con Stre	eet	2122	26	
	14 FA	THER'S NAME	MIDDLE	LAST	BUES	IS. MOTHER'	MAIDEN NA	ME	MIDDLE			LAS	Y	
		Blaze	MIDDLE	Zebr	on	- T 5	Mary		WIDDIE				ерес	
	Iáa ∨	AS DECEASED EVER IN U		166 SOCIAL SECUR	RITY NO.	17 INFORMA	INT		ADDRE	SS		212		
d	(4	ES DO OR UNKNOWN] (IF	YES, GIVE WAR OR DATES)	217-01-3	582	Rose	Mrc	zek	3925 I	nner	Cir		-	o Md
		18. CAUSE OF DEATH (E)	nter only one couse per	line for (a) (b) and	lichi								MATE INTER	
1	57	PART I. DEATH WAS C	CAUSED BY:	motast	Tatie	Car	un	inc	40			ac i will be	JANJE (AIND	DEATH
		IMM	MEDIATE CAUSE (0)		Japan		00.							100
		Condition II		R AS A GONSEQUE		oma	1 27	Dia	14					
		Conditions, if ony, wh gove rise to immedia	ote	Con	7700	Orrand	1)	21/0	1					
ı		cause (a), stating to underlying cause la	the DUE TO, OI	R AS A CONSEQUE	NCE OF		0		/					
			(c)											
	N	PART 2. OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	NINAL DISEA	SE OR CON	DITION GI	VEN IN	PART 110	2	
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AU1	TOPSY?	206. IF YE	S, WER	E FINDIN	IGS USE)
	FIC							m		IN CERT	IFYING		OF DEAT	H?
pth	2	210. ACCIDENT WAS UNDERLY	ING T 216. TIME O	E INTHIDY		Tale HOW IN	JURY OCCUR	YES [NOL		ES [NO [
3		OR CONTRIBUTING CAUSE	110110 4		Y YEAR	210.11044 11.	JOKI OCCOR	KED (ENIER	VATURE OF INJUI	IT IN ITEM IS	PARITO	FPARI Z?	-	
	ICA	(IF EITHER NOTIFY MEDICALE)			19									
	MEDICAL	214 INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY OFFICE, FA	RM ETC 1	21f LOCATION STREET			CITY OR TO	WN	cc	PINUS	5	TATE
ń		AT WORK AT WORK	U			/			0	×	2			-
ļ	-01	220.1 certify that (I) (this	0. 17		1	-/1/	19 83	, to	ruse	m	. 19		that (I)	_
١		sow the deceased of above, (1) (we) (did)	did nat view the body	ofter death	<u>o</u> . or	nd that in (my)	our) opinion	deoth occur	red on the do	ate and ho	ur and	from the	couses sto	oted
		2 JGNATURE	70/	1	-	DEGREE	TTENIONIO	uducu	CTA!		2	2c. DATE	SIGNED	
	- 1	Colelia	Mai	ly >	M.		PHYSICIAN Z	DIRECTO				9/2	186	
		? PHYSICIAN'S NAME	(TYPE OPPRINT)			22e ADDRES			1	11	1	5	11	100
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	230 8	URIAL, CREMATION, REM	10VAL 236. DATE 9/4/86			EMETERY OR		23d LOC	ATION TYPRIOWN LITIMO	Ta.n	cour	NIY,		1A16
			3/4/00	no.	Ly CI	oss Cer		17				A.	M	d
	24 FL	INERAL DIRECTOR	4001 F	it chione H	CLUBE T	74- 1	250 DAT	TE REC'D. BY	REGISTRAR	25h REGIS	TRAR'S	SIGNAT	September 1	

DHMH - 16 50M 4/83 (VRA 15, 4)

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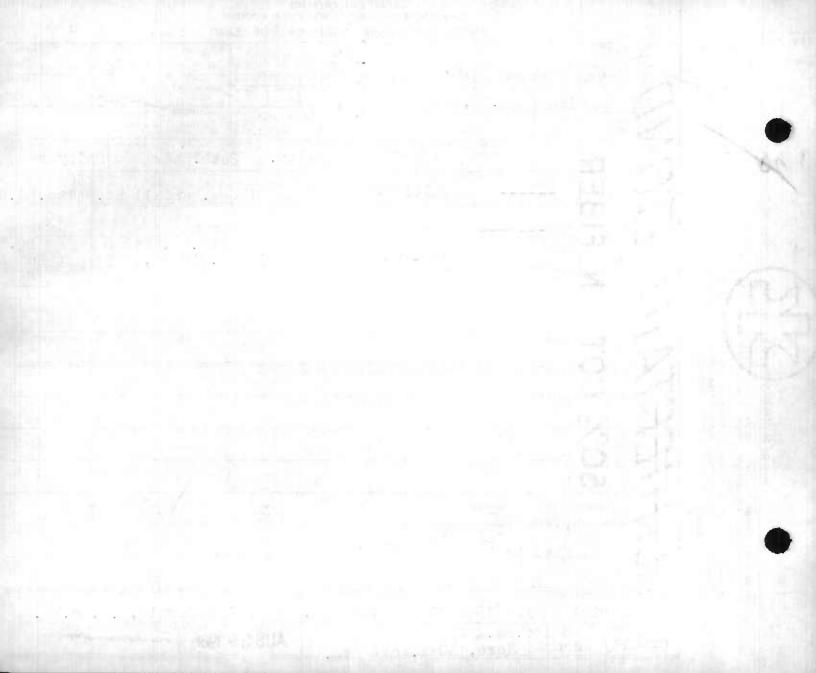
TO FUNERAL DIRECTOR, After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by IMPORTANT: If them 21 is marked or them 18 shows any injury

George J. Gonce

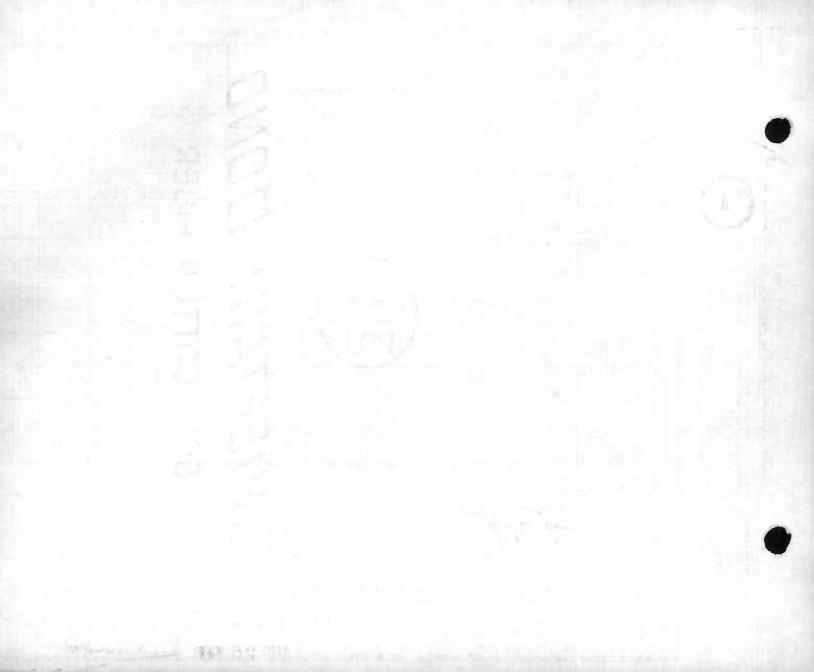
FOR STATE

4001 Ritchies Hgwy Balto Mo

		1					ARYLAND				
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0 0	10140	I. DE	CEASED NAME FIRST		MIDDLE		LAST	2a. DATE N	HINOW MONTH	DAY YEAR	26 HOUR
	8008- 0	100	GEORG	ייני	Т	KRAI	ISF	OF DEATH	MATED X 8-14	1-86	
	ACTION OF	1 90	4. RACE	5. DATE OF BIRTH	6 AGE (IN YE		IDER 1 YR. IF UNDER		MONTH	DAY YEAR	2d HOUR
	a water	1		MONTH DAY	YEAR LAST BIRTHD	AYI MONT		MIN PRONOUN	CED		24 HOOK
	A COOK	Me	White	Aug. 30.	1897 884	RS.		DEAD	8-26-	-86 19	1PM M
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	Sare	Ma:	ryland	U.S.	SA	WIDOW	47	ED Balt	imore City	7	MD.
	2 W 8 2	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	120 USUAL OCCUP		12b. KIND OF B	USINESS
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1	BEZER -	USU	AL RESIDENCE (IF IN NURSING HOME O			ONII					
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M M	# NOON	HE	ATHER'S NAME	MIDDLE	LAST	23 17	IS. MOTHER'S MAIDE	N NAME	DDIE	TAST	
20	SUCE TO	1	Jacob -		Krause		1 1100	Unknown		2001	
9	SAN Z	160 V	WAS DECEASED EVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		10DDRES21226	5	Dr.
5	E85.98	(,	ES, NO, OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	215-05-5	238	Catheri	no F Hir	kle,7945	Foot	
- ×	Speas.					12,00	Cathell	TIC TO 11111	IKIE, 1945		End]
15	WIT WITH	100	18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED	y one couse per line BY:	Arterioscle	rotio	cardiovas	scular dis	ease	APPROXIMAT BETWEEN ONS	ET AND DEATH
Z O	A PROPER	Ser		E CAUSE (a)			Caratovas	ocurar aro	case		14 7 - 12
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*	NA SERS	18	cause (a) stating the under-		AS A CONSEQUENCE	OF.					
20	EXSENS.	18	lying couse last.	(4)						La Company	
8	APEAGE APEAGE	10	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	MIT NOT BELATED TO THE TERM	INAL DISEASE	OR CONDITION COVER IN BAR	V 1			
8	EN PER	z			NOT HELETED TO THE TEXAS	INAL DISCASE	OK CONDITION DITER IN FAI	KI 1 0			
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4	PER SERVICE	2	THE DATE OF OPERATION	198 CONDI	ION FOR WHICH OPER	ATION W	AS PERFORMED?			2D AUTOPSY	?
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	MA SER	150	220 I certify that I taak charge	and the same of th	cribed above, held an	Autops	y . Inspection	Inquiry	, and in my op	oinian	
9	ME WOLF		death resulted fram: Nature	al causes X,	Accident Sui	cide	Homicide .	Undetermined mar	nner ,		
-	**************************************		(1/2)		Mr. UI.	0	TITLE (SPECIFY)				
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	E. THIS C TE, WRI RWARD PAGE STATE (), 21201			//								[37]			
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	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STARTIMORE, MARYLAND, 2	23a B	URIAL, CREMA	TION, REMOVAL 23			NAME OF CEM				23d. LOCAT				
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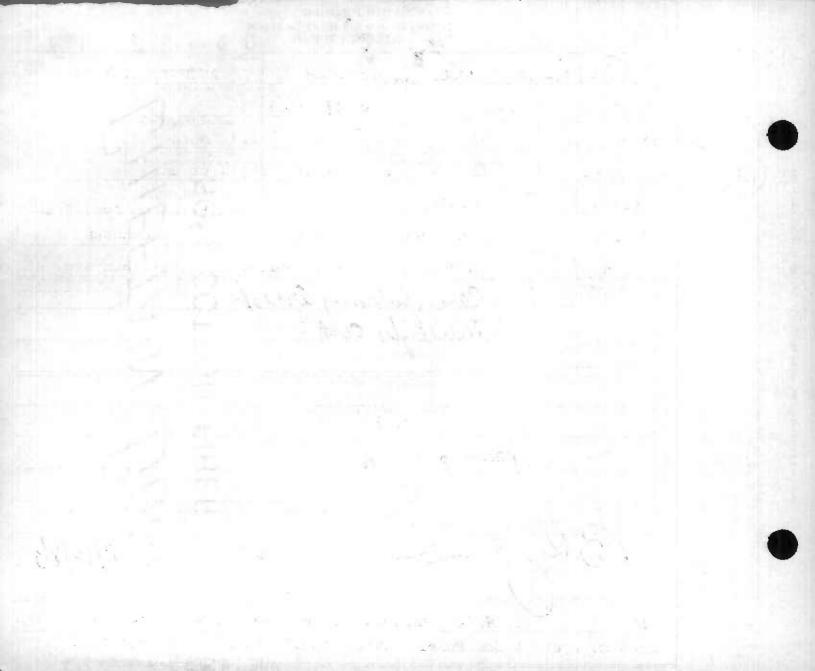


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE DE DE ATH REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN X MONTH Lamartina YEAR 2b HOUR Carmello (TYPE OR PRINT) ESTI-Carnello DEATH MATED LaMartina 8/ 19 86 3 SEX 4 RACE DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 10:3 YEAR AST BIRTHDAY) PRONOUNCED Male White 68 10 DEAD 19 86 B BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED Baltimore City ME CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital Shock Trauma Chaffeur Cab 3823 Songbird Circle 21227 30 STAT 13d. INSIDE CITY EIMITS? Maryland Baltimore Baltimore IN FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lamartina Beatrice Carnaggio Salvatore 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 7 INFORMANT YES NO, OR UNKNOWN) 215-12-3946 Marion I. Lamartina Same as 13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PERMIT PART I DEATH WAS CAUSED BY: AND MENTAL HYGIENE, ATION, OR REMOVAL Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF JSED AS A BURIAL -Y HEALTH AND MEN HAL, CREMATION, C lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION OF HE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ARTMENT CHENT TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WHA THE STATE DEPARTMENT, BALLTMORE, MARKIZAND, 21201 PROR TO BU 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING & OR 7/ 23/19 86 CONTRIBUTING CAUSE OF DEATH 5: 45 XX subject driver in auto/auto collision 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK roadway Blue Star Mem. Hwy. Anne Arundel Co., Md. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8/10/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Burial Baltimore Maryland 8/13/86 New Cathedral Cemetery === 07/84 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 13 1986 25M 24. FUNERAL DIRECTOR George J. Gonce 4001 Ritchie Hgwy Balto Md **DHMH - 17** (VR A15 ME (5))

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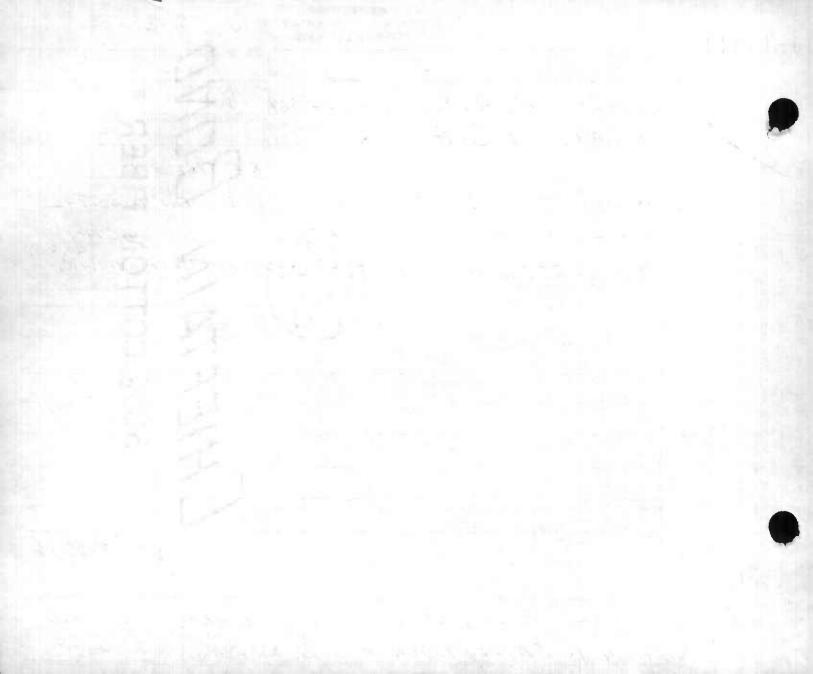
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	3 SE	Х	4 RACE		5. DATE OF BIRTH	VEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
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To T		altimore	E	3on Seco	urs Hospi	tal	pept. of			
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To /		WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECUI	RITY NO. 17 INFOR	MANT	ADD	RESS	1000	0-473
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 2ª DATE OF DEATH L DECEASED NAME 7h HOUR AUGUST 27. 1956 MARY Langsa herpsa 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1900 White Female 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore City Austria WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Mercy Hospital Mkt. Operator Cross St.Mkt OUNTY 13d INSIDE CITY LIMITS? 9541 Belair Rd. 21236 altimore Maryland IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Dornicak Theresa MIDDLE Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) HEYES GIVE WAR OR DATEST Mrs. Frieda Hyser 9541 Belair Rd. 220-05-4645 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY PULMONANT ACUTE INFORCTION SU SPECTED IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF EMBOLISM PULMONARY ACUTE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last UENOUS STASIS JARSHAIRS9 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 IFICATION SEULAE AS CVD -RECENT URCKANY 1RACT CREECTION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. JE YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOF NOF 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d. INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 8-13 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceosed alive on 8 - 26 obove, (I) (we) (did not) view the body after death. and that in (my) (eus) opinion dooth occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED SIGNATURE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8-27-1986 FUNERAL old be deto 22e ADDRESS 301 ST. PAUL PLACE. BALTIMONE ND 21202 NOTARANGELO 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OF LOWN Burial 8-30-86 St. Jos. Ch. Cemeterv Baltimore, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1401 BelBIR Rd DHMH - 16 60M 7/84 AUG 29 1986 (VRA 15, 4)

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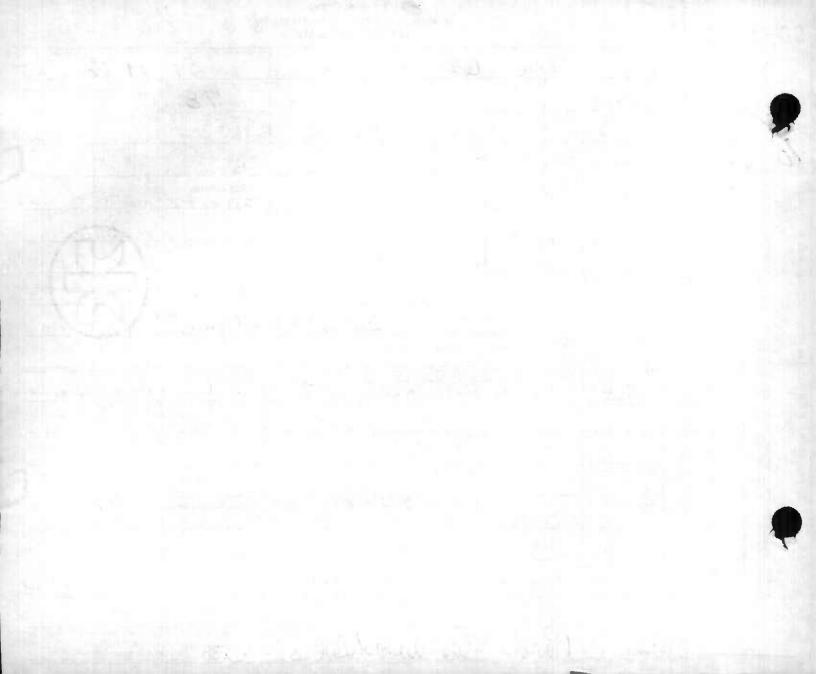
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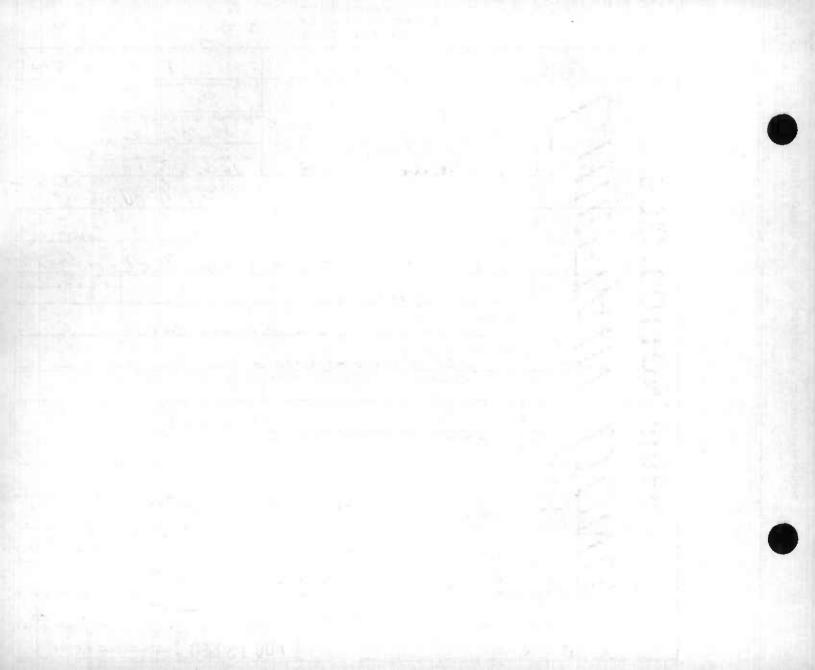
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR 20 (TYPE OR PRINT) SSITER 3. SEX 4 RACE 5. DATE OF BIRTH & AGE TIN YEARS LAST BIR IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 08 DAY ac BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED south around WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR ENOT IN SUCH EACILITY, GIVE STREET ADDRESS! INDUSTRY LTIMORE autician UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Balto 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) UNK APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Merubolicacidosisi 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO T 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 221.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an obove. (1) (we) (did) (did nat) view the body after death. and that in (my) (our) opinian death occurred an the date and hour and fram the causes stated 226. SIGNATUS DEGREE 22c. DATE/SIGNED ATTENDING MEDICAL MD PHYSICIAN DIRECTOR PHYSICIAN D 22d. PHYSICIAN'S NAME (TYPE OR PR. 41) 22e ADDRESS 2000 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236. DATE Buria Mt. Auburn Cem. 8/25/86 Baltimore. 24 FUNERAL DIRECTOR 250 DATE REC'D. A REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) ANNA 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS DAYS Sept, 16, 1898 YRS TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Balto. U.S.A. Balto. City WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. Bon XKKUKK Secours Hosp. House Wife Md. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Balto. 2360 Washington Blvd YES T NO [] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE John Cook Josephine Cook 2360 Washington Blvd. Balto. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no Mrs. Norman Habighurst III. CAUSE OF DEATH (Enter only one course per Left for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate couse for stating the underlying couse last PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CATION THE DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED #Bit AUTOPSY? 20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per YES [NO I Hygie TIE ACCRESS WAS UNDERLYING 716 TIME OF INDURY EXPLIES NATURE OF HUMBY WHITEM IN PART TORPART IN HOUR AM MONTH DAY OF CONTRIBUTING T CAUSE OF DEATH LE EITHER NICHT WEDICALESAMINER 10 31d INJURY OCCURRED ITE. PLACE OF INJURY 211 LOCATION CITY CR TOWN COUNTY 60410 EAT HOME, STREET, FACTORY, OFFICE FARM, ETC. | 九月 東京 東京 not west. 22s.1 certify: that (I) (this haspital) attended the and that in imp) (our) opinion death occurred on the date and hour and from the course started sow the deceased alive o ached Dept DEGREE 12): DATE SIGNED ATTENDING should be det with the State IMPORTANT: PHYSICIAN DIMECTOR PHYSICIAN 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial CITY OR TOWN COUNTY Md. Aug. 8, 1986 Meadowridge Cem. BP. Dorsey Howard G. THER WOLDEN SE KNAB SLOTE BACTO NAT. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 relia Davidon fromtaise (VRA 15, 4) PIFE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR 6:20 F (TYPE OR PRINT) 86 hourence 10 Carl 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR 3 13 To BIRTHPLACE . I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? * BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) gone SECOULY Drakele USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13b. COUNTY 13c, SITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? sa Himore YES X NO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE Lawrence ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). BETWEEN ONSET AND DE ATH PART I. DEATH WAS CAUSED BY: es Divetor IMMEDIATE CAUSE 10: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ō IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital Dattended the deceased from sow the deceased alive on bove, (I) (we) did) (did not) view the body after death and that in (my) (our Dopinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL STAFF ATTENDING should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 2:00 W. Baltinone ST 0 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) Burial COUNTY 8/14/86 Arbutus Mem Park Arbutus 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 ma varydoon yongane March Funeral Home West 4300 Wabash Avenue (VRA 15, 4)

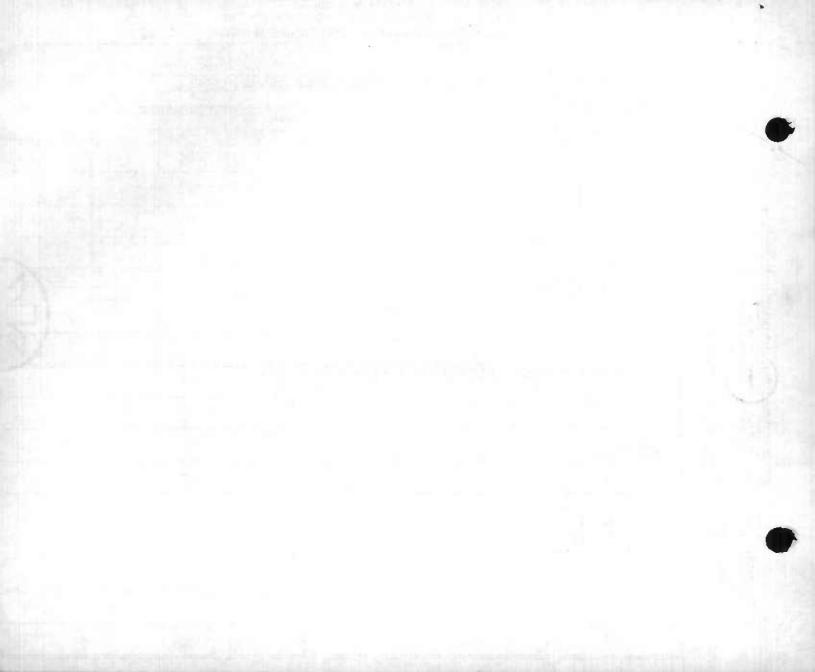


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. LAST 20. DATE OF DEATH I DECEASED NAME MONTH 2h HOUR TYPE OR PRINTI deat August RORFRI Cleveland T ALID UNION 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I-YEAR IF UNDER 24 HRS MONTH YEAR DAY 17 30 O. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) Baltimore City WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! INDUSTRY Baltimore Saint Agnes Hospital SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b. COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1823 Riggs Avenue 21217 Maryl and Baltimore YES X NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST FIRST Willie Robert Della Jones Lawrence Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) TYES NO OR UNKNOWN! 242427303 Willie Cureton 1823 Riggs Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Metastatic pancreatica. Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART & OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Mentol Hygien NO YES [NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. IN JURY OCCURRED 21f LOCATION 0 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET orked NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from_ _, that (I) (we) lost sow the deceased alive on_ , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. detoch. 226. SIGNAJUH DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN T MPORTANT 27d PHYSICIAN'S NAME LITYPE OF PRINT 22e ADDRESS should be with the S 900 S. Caton Ave.-Balto., Md. 21229 Donovan Parkes, M.D. 230 BURIAL CREMATION, REMOVAL 23d LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Burial 8/29/86 COUNTY Eastview Baltimore Maryland 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 March Funeral Home 1101 East North Avenue (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN XX MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-8-6-86 19 VILEAN IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE AST SIRTHDAY) PRONOUNCED black 1918 68 female 8-6-86 19 10:10 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City WIDOWED DIVORCED USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Retired 2708 Longwood Street Baltimore 136 COUNTY 130 STATE Baltimore 136 INSIDE CITY LIMITS? 13e STREET ADDRESS 2708 Longwood Street YES NO 1 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Duncan LAST Cellie Leak 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) 215-22-7676 No Laura Leak 4002 Bedford Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disase DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. carcinoma of esophagus 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE NOT WHILE TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE WE PAGE 4 SHOULD BE FORWARD TO FUNER DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220. I certify that I taak charge of the remains described above, held on Autopsy Inspection ond in my opinion Natural couses Undetermined manner death resulted from Homicide TITLE (SPECIFY) ACTUAL Assistant 8-6-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell Penn Street 230 BURIAL CREMATION REMOVAL 236 DATE Woodlawn Cemetery Balto Md 8/11/86 Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Home West 4300 Wabash Avenue (VR A15 ME (5))

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LEAVEY 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS SAMUEU Morta. 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR CANLASIAN TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH DEVER MARRIED MARYLAND WIDOWED DIVORCED SITY OR TOWN OF DEATH (INPMANUFACTURER GLIFE) INDUCTOTHING RANDAL STOWN 134 INSIDE CITY LIMITS? ISH COUNTY BOO GRAY FOX RD, APT.202 #21133 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRS UNKNOWN LEAVEY UNKNOWN MR. SYLVANDUREAVEY 66 SOCIAL SECURITY NO APT. C 160 WAS DECEASED EVER IN U.S. ARMED FORCES IT INFORMANT NOES, NO OR UNKNOWN) 212-34-8817 2931 MARNAT RD. BALTO., MD 21209 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: SCUBROTIE CARTIOVASCURAR DISTASE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate cause (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STATE NOT WHILE 27a.1 certify that 🏂 (this haspital) attended the deceased fram saw the deceased alive an. and that in (page (aur) apinian death accurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN The ADDRESS m 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATOR

HEBREW YOUNG MEN

DHMH - 16 60M 7/B4 (VRA 15, 4)

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24 FUNERAL DIRECTOR

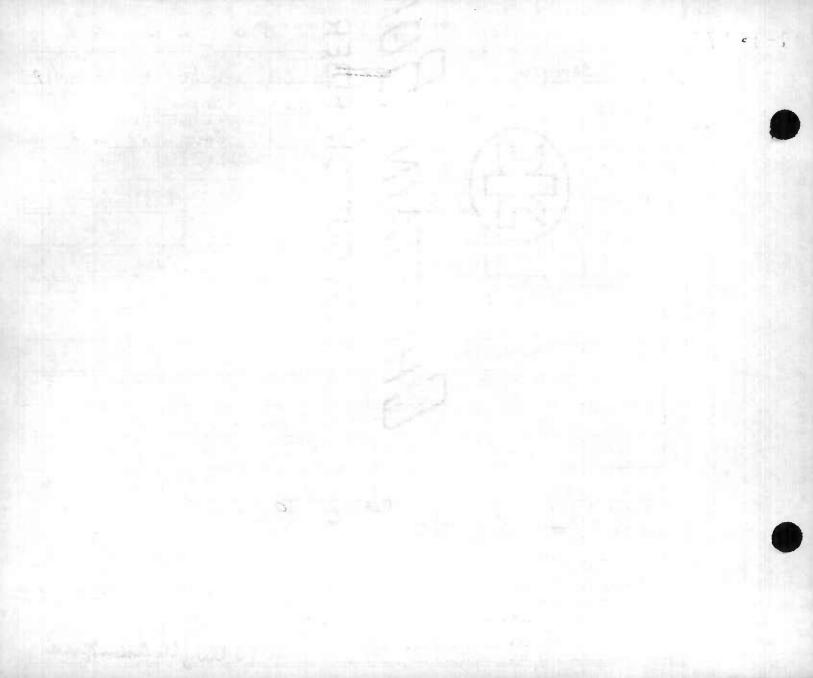
BURIAL

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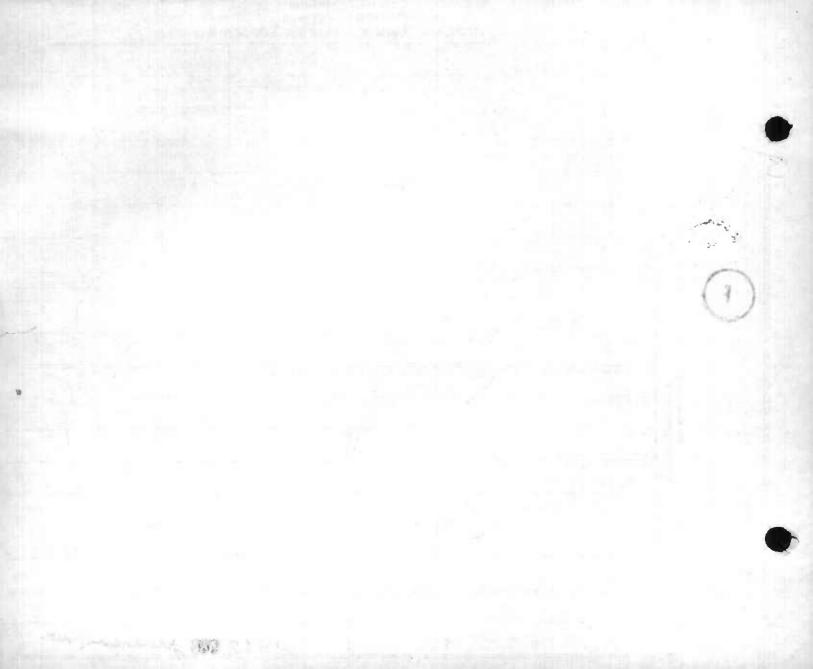
SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

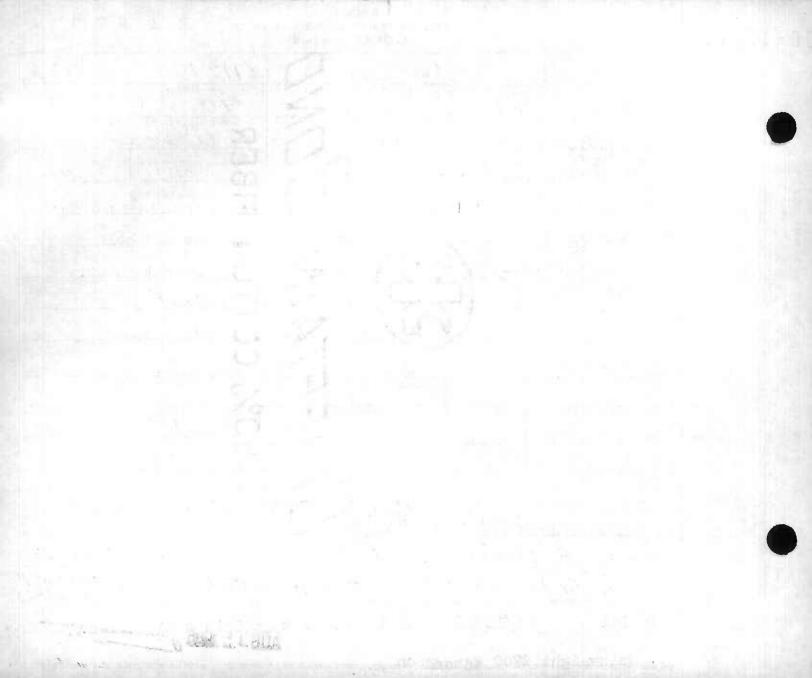
AUG.13,1986

BALTIMORE MARYLAND 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR REG. N DECEASED NAME FIRST KNOWN X (TYPE OR PRINT) OF ESTI-Clifton D. 8/ 8/ 19 36 Lee 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE NERAL DIREC MONTH DAY YEAR LAST BIRTHDAYL PRONOUNCED B 10 17 46 39 DEAD YRS 19 86 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR F BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland U.S.a. Baltimore City. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore 3405 Reisterstown Rd. (rear) N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 3a STATE 436 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 21234 YES be NOW Comet Court 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Robert E. Lee Sr. Emma Logan 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no N/A Emma A. Lee 12 Comet Ct. 21234 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Stab Wounds IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION E 3 SHOULD BE CELEDEPARTMENT OF HE 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY TIE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) UNDERLYING TO OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 11:00 MM 8/8/1986 subject stabbed 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTHICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTRE DEAH, WITH THE STATE BALTIMORE, MARYLAND, 2120 apartment 3405 Reisterstown Rd., Balto. 220. I certify that I taak charge all the remains described above, held an Autopsy Inspection and in my apinian Hamicide X Natural causes death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE 8/9/86 SIGNED EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 23d. LOCATION 730. BURIAL, CREMATION, REMOVAL 736 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial COUNTY STATE 8/13/86 Baltimore Baltimore 07/84 Maryland 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H Inc. 1101 East North Avenue Acha Davids (VR A15 ME (5))





0-16861	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH	REG. NO.	3 4
oge b	(TYP)		CYCLICE	Lee	20. DATE OF DEATH MONTH	30 36 12 P
-: 133	a SE	Male	1. RACE NEGRO	5. DATE OF BIRTH MONTH OAY 12 1912	74 YRS.	IF UNDER 1 YEAR IF UNDER 24 HR
destit p	N	RTHPLACE (STATE OR FOREIGN OUNTRY) ARTIR R NU	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED	BALTIMORE CITY OR COUNTY	CITY ,
1146	R	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	ADDRESS) HORO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b, KIND OF BUSINESS C INDUSTRY
(A)	130.	ARYLAND 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY	N 13d. INSIDE CITY LIMITS? YES NO NO	13. STREET ADDRESS / ZIP CODE 1637 NICHILTO	NST 712
11300	L	THER'S NAME FIRST AWAIZD	MIDDLE LAST	15. MOTHER'S MAIDEN NA PIRST PARTIA D	BISITOD	LAST
the season of th		VAS DECEASED EVER IN U.S. AI (ES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	A 4	NJUHNSON 1639	N. HILTON S
physics on papers on papers oversit, the		PART I. DEATH WAS CAUS	nly one cause per line far (a), (b), and ED BY: TE CAUSE (a) CECCULORY	liorespina one	£	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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requires een signific in Thempl or to busin	NOUT		rhosis.	DEATH BUT NOT RELATED TO THE TERM THE FEIT LESS OPERATION WAS PERFORMED	(3) DIC (4) RI	IN PART LO JOPEN PNEUMON MERE FINDINGS USED
Z Part of State of St	CERTIFICATI	8-27-86	ACUTE CHOLECO	unnis	YES NOW YES	ING CAUSES OF DEATH?
SKIM of the	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RI I OR PART 2)
other than the	MED	21d INJURY OCCURRED HILE NOT WHILE ORK AT WORK	2) PLACE OF INJURY	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR A Life Line of Heat			of the body after death.	, ond that in (my) (aur) apinion	death accurred on the date and haur	9 that (I) (we) I ond from the choses stated
AL DIES		226 SIGNATURE	pulano	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8/30/86
D HOSPIT During by Double be The Short		22d. PHYSICIAN'S NAME (TYPE	PLFINO , MS	730 AJ	hburton St Zath	mer. Md . 2121
BP		BURIAL, CREMATION, REMOVAL	23b DATE 23c N	D. NAT PIK	23d LOCATION	LAB STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR USESPH L. Rad	2022 W. 270k	256 58	TOPE 3 BY RESERVE	MANAGEMENT NO.

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				STAT	E OF MARYLAND		
0-16859	1.	FOR STATE REGISTRAR	DEPA		HEALTH AND MENTAL H	YGLENE 6 2	2 5 3 3
		CEASED NAME FIRST	MIDDLE		LAST .	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR A
Doge 3	(1Ab)	OR PRINT) MARY		LEE		AUGUST 22.	1986 8:50 M
you bo	3 SE		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rector.	-	EMALE	BLACK	MONT	10 33		MONTHS DAYS HOURS MIN.
- 74 D C		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	RY? 8.	D NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
# 1000	M	ARYLAND	US	WIDOW			CITY MD.
10	100	ALTIMORE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STA THE JOHNS	REET ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK)	NG LIFE) 126. KIND OF BUSINESS OR
2/8	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BE		S HOSPITAL	HOUSEWIFE .	
W. PRESTON ST., BALTIMORE, MARYLAND 2 in the death certificate be exectly the ottending physician and ser emove carbon papers. Page: cremation, or removal. Inher traumatic event, the medical control of the control of	M,	ARYLAND 136. COU	NTY 131. CITY OR TO BALTIMO		YES NO D	622 NORTH EL	CODE LWOOD AVENUE 21205
RY TIESTO	14. F	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN N	MIDDLE	LAST
M MARKET		WILLIAM	SMITH	1	DOROTHY		HARRIS
or xec		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRESS	
IMO O O O O O O O O O O O O O O O O O O	,	NO			ERMA SMITH	622 N. ELLWOO1	D AVE. 21205
Personal Per		18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b),	and Icid			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy on post		PART I. DEATH WAS CAUS	TE CAUSE (a) Cardio	pulm	onary An	rest	Ininute
ON S ding orbo			DUE TO, OR AS A CONSE	OHENCE OF A			7
SSTG deat		Conditions, if any, which	(b) Sever	//	cidosis		7 days
W PRI the part the cremot ther tree		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS ASONSE	. 1	: 1		iewks
ed b			((c) New		accure		
sign beb	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART Ira
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The Tow require offer this certificate has been signs as the build-tronsit permit. There the ond Mental Hygiene prior to be orked or them 18 shows ony injury.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	ICH ODED AT IC	NI WAS BEDEODMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
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DHMH - 16 60M 7/B4 (VRA 15, 4)		NAME SOL LI D10 REISTERSTOWN	EVINSON & BROS	.,INC. 21215		FD 0 1096	b. REGISTRAR'S SIGNAT	

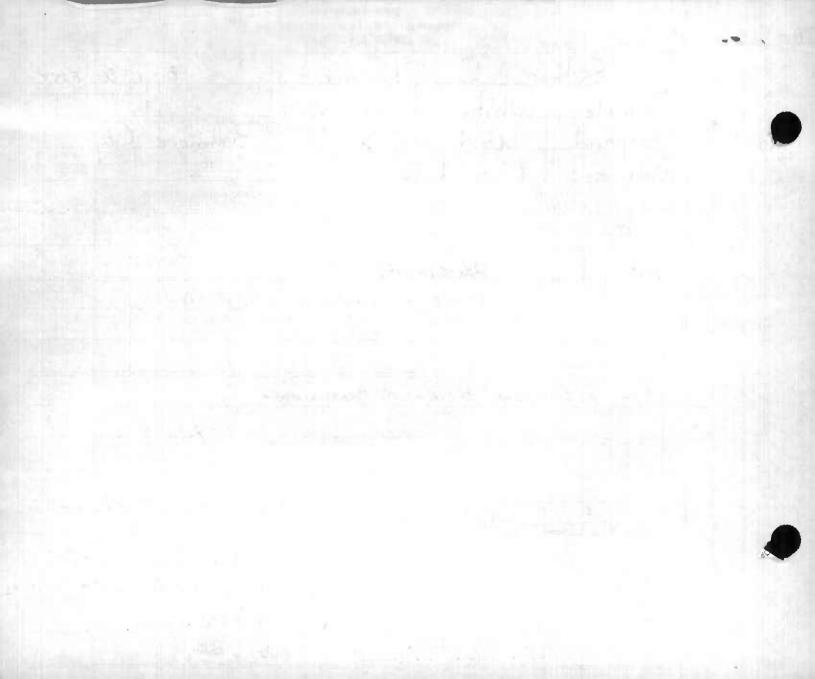
DEPARTMENT OF HEALTH AND MENTAL HYGIONE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE CHEPERATE elliny 6 AGE LIN YEARS LAST BIRTHDAY DATE OF BIRTH 90 BALTIMORE, CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND HOUSEWIFE OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOMEMAKER 3a. STATE HAD COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN BALTIMORE MARYLAND PIKESVILLE 6 STONEHENGE CIRCLE APT. 6(21208 YES T 15 MOTHER'S MAIDEN NAME MA FATHER'S NAME MEYER MIDDLE KATZEN MIDDLE IDA UNKNOWN 17 INFORMANT Mg. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. MRS. BERNICE WOOD 6 STONEHENGE CIRCLE #10 [21208 INKNOWN) NO YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY MYOCARPIAL INFARCTION IMMEDIATE CAUSE (Q DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 INSUMONIA IFICATION WE DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a. I certify that 💇 (this hospital) ottended the deceased from saw the deceased alive an, abave, (14 (we) (did) (d. 14 a and that in (aur) apinion death occurred an the date and have and from the causes stated 22h. SIGNATURE DEGREE 22c DATESIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS LOVINGAVE HEBROW GERLATRIC CONTOR + HOSPITAN ESTREUTA 230 BURIAL, CREMATION, REMOVAL (SPECBURIAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 8/3/86 ANSHE EMUNAH (AITZ CHAIM) STATE BALTO. BALTO., MD 250 DATE REC'D. BY REGISTRAR'S SIGNATURE AUG 5 1986

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTO., MD. (21215)

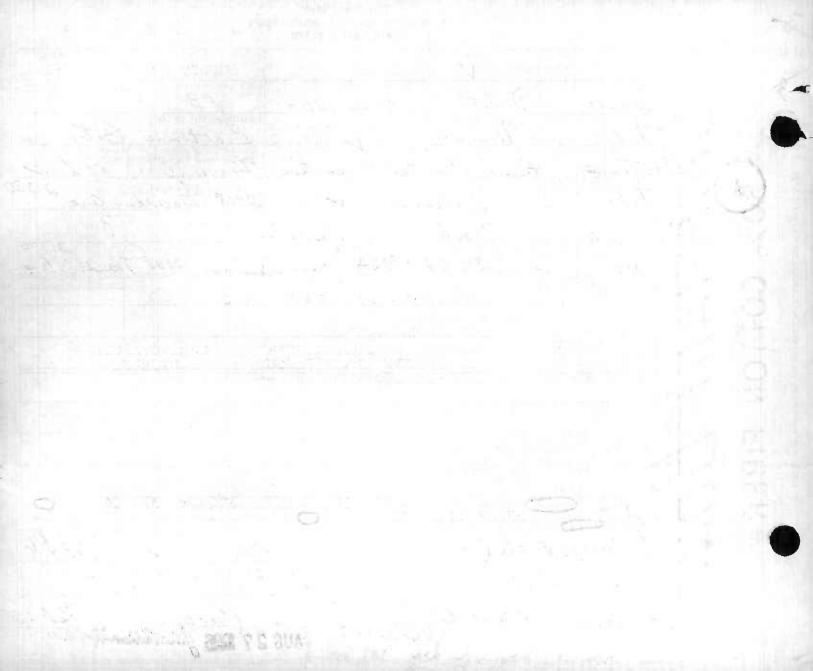


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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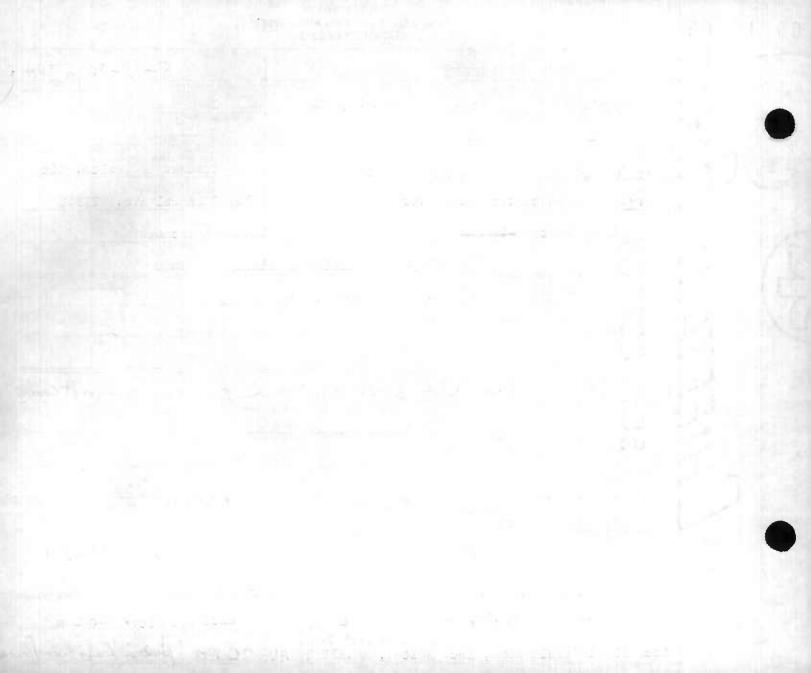
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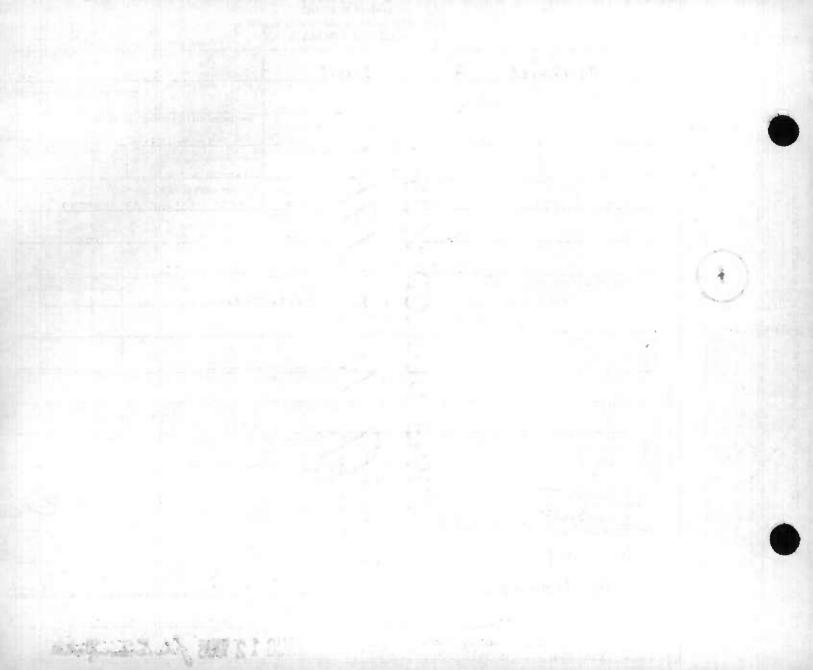


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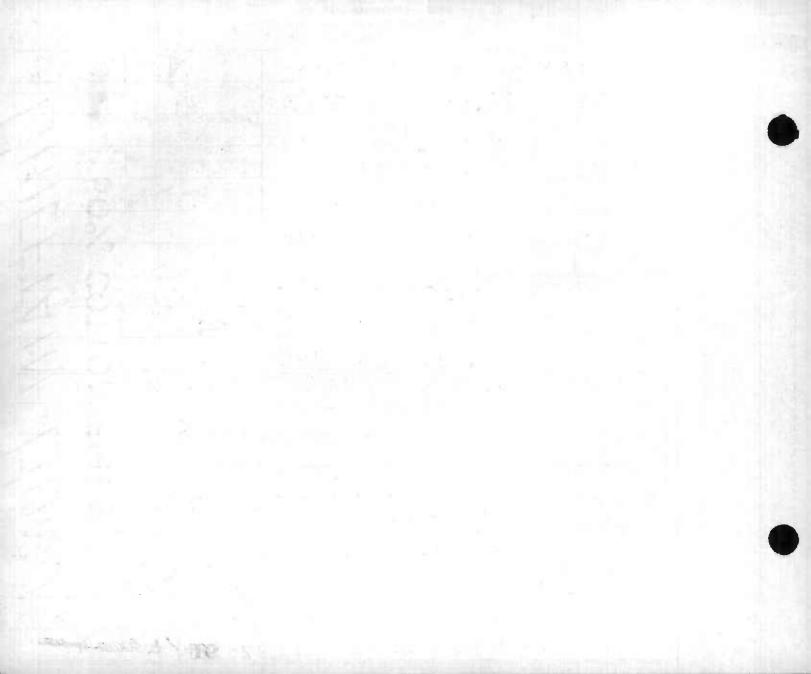
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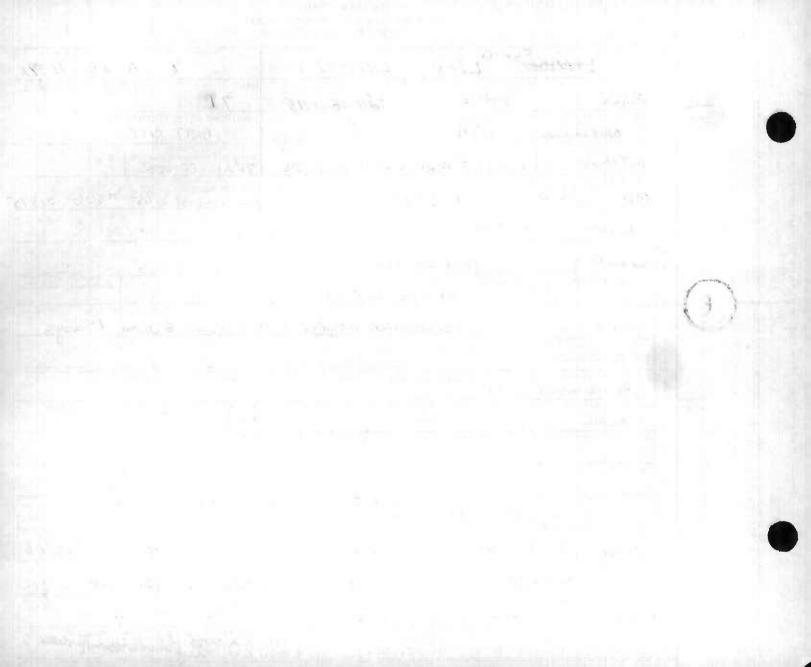


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH 26. HOURS (TYPE OR PRINT) NCOLA deoth poge 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE MARRIED NEVER MARRIED COUNTRY Maryland BALTIMORE CITY WIDOWED DIVORCED [II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK EOR MOST OF WORKING LIEE) INDUSTRY SECOURS HOSPITAL BALTIMORE Unemployed ISUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13. STREET ADDRESS / ZIP CODE 2414 W. Baltimore St. 21223 136 COUNTY CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Willie Mildred Lincoln 0wens 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 219-40-6970 Mildred Lincoln 201 N. Broadway Apt.8H 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a OBAS ACONSEQUENCE Canditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR underlying cause LATERTO, THE TERMINAL DISEASE OR CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIF EITHER NOTIFY MEDIC ALEXAMINER P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STATE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from G not of 19 XC saw the deceased alive on. _, and that in (my) (aur) apinion death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not view the body after death 22b SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 228 PHYSICIAN'S 22e ADDRESS 中中 shoul 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md . STATE Baltimore, CREMATION COUNTY 8/27/86 Greenmount Cemetery 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 March^Funeral Homes 1101 East North Avenue (VRA 15, 4)



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(VRA 15, 4)	Marvel-Short	Funeral Home	Delmar, De.	חטו	3 Z U 1900	mint him	Man . al				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 56 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME AUDDLE 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) KENNETH T. LITZ AUGUST 17. 1986 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS YEAR MALE CAUC. 12 1927 TO BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY Maryland WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL Merchant Seaman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 8197 Park Haven Rd. 21222 Baltimore Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE LAST FIRST MIDDLE Henry Litz Nellie Crockett 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 8197 Park Haven Rd. Yes 217-22-0473 Mrs. Josephine Litz -Balto., Md. 21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CATION 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE X6 , 10 220 I certify that (1) (this hospital) attended the deceased from .19 86, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove (1) (we) (did) (did nat) view the body ofter death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS uld L 600 N. WOLFE ST. BALTO., MD 21205 3 = 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION STATE COUNTY 8/19/86 Baltimore Cremation Green Mount PATE REC'D RY REGISTRARIZS REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 John Dendon Par (VRA 15, 4) Walter Dabrowski - 1005 Dundalk Ave, 21224

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Bryant ofton August 31 1986 2.40nM 3. SEX 4. RACE 5. DATE OF BIRTH YEAR Male. Black 06 In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NC WIDOWED DIVORCED | Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore City Maryland General Hospital USUAL RESIDENCE (IF NURSIN 21201 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore NO F Franklin Court N/H 1106 Druid Hil 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lofton, Bryant Ocaola Veuse ADDRESS 17 INFORMANT No 2439 Guilford Ave Marion Jackson APPROXIMATE INTERVAL 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: SEPTIC SHOCK IMMEDIATE CAUSE (D) URINARY TRACT INFECTION Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF BRAIN SYNDROME) 3DEHYDRATION 4.0STEOARTHRITIS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 COMPLICATING A CHRONIC RENAL FAILURE 2.DEMENTIA (ORGANIC CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINER P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY SIRFEI STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE August 27 220.1 certify that (this haspital) attended the deceased from_ 2:40pm August 31.86nd thoXXXy) (our) apinion death occurred on the date and hour and from the couses stated sow the deceded alvo on 376. 58GNATU DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (1997) 22e ADDRESS d/o Maryland General Hospital Fuad Shihah 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY Burial 9/5/86 Mt. Auburn Cemetery Baltimore 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) Wm. C. March F/H, Inc. 1101 E. North Avenue

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STATE OF MARYLAND

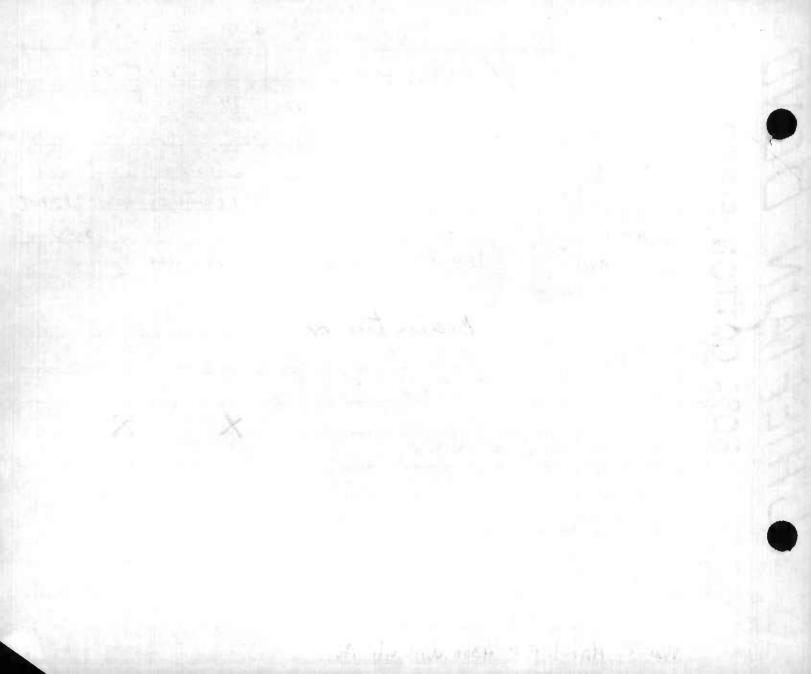
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22541

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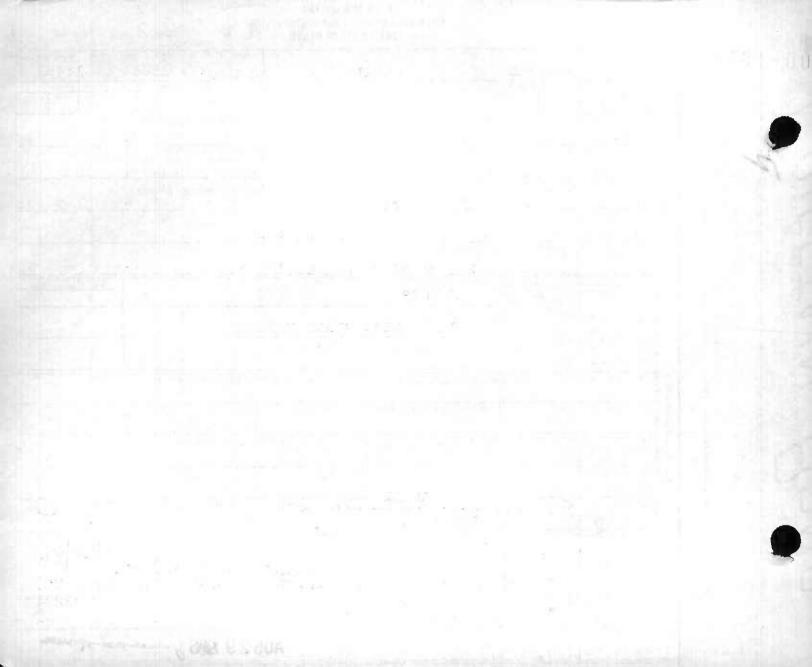
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166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 167 YES, MORRIMANI INTERVAL 177 INFORMANT ADDRESS 218-42-0166 Dolores Wolf 1224 Maple Ave. 21227 18 CAUSE OF DEATH (Enter only one couse per line for lot), (b) find icc.) 18 CAUSE OF DEATH (Enter only one couse per line for lot), (b) find icc.) 19 PART 1. DEATH WAS CAUSED BY: 19 DUE TO, OR AS A CONSEQUENCE OF 210 OF TO BE
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216 INJURY OCCURRED 210 PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
WHILE ON NOT WHILE ON NOT WHILE ON AT WORK OF THE PART
220 I certify that N-(this haspital) attended the deceased from 1984, to 7/12 1986, that U (we) last
sow the deceased alive an abave, (if (we) I did) Mid-et view the body after death.
DEGREE 224 DATE SIGNATURE
ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN TO 7/22/86
THE PHYSICIAN SNAME (THE COMMIT)
John L. Deaton Medical Center
230. BURIAL, CREMATION, REMOVAL 238. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
BP Burial 7/25/86 Balto.National Cem. Baltimore City, Maryland
DHMH - 16 60M 7/84 24 FUNERAL DIRECTOR ADDRESS 250. DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS

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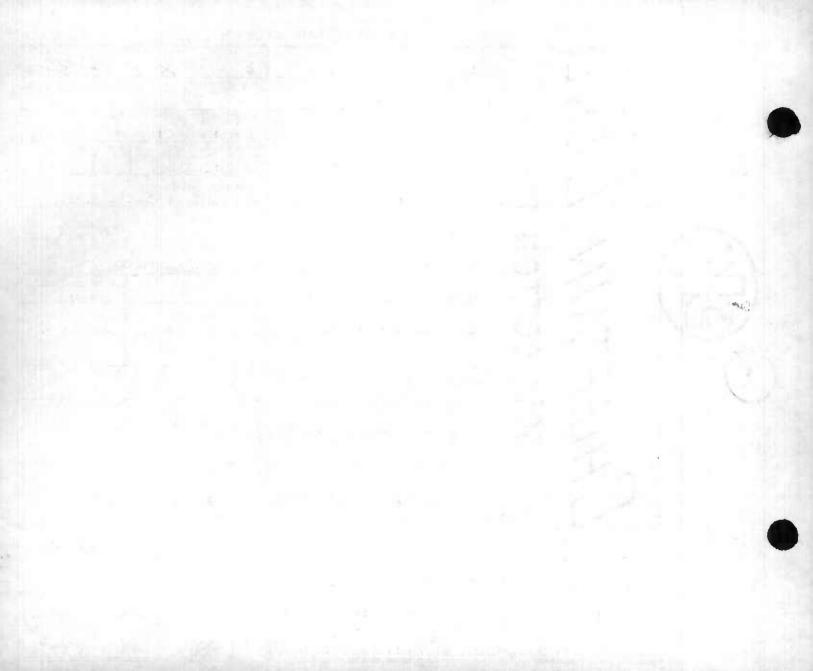
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR DECEASED NAME 20. DATE KNOWN TX MONTH (TYPE OR PRINT) ESTI-JNERAL DIRECTOR SECONDARY SECONDARY STREET, WITHIN 72 HOURS ANNA LORENZ DEATH MATED 8 19 86 3 SEX 4 RACE IF UNDER 1 YR. 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR 2c DATE LAST BIRTHDAY) PRONOUNCED Female Caucasion 10-1-1899 86 DEAD 1986 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Austria WIDOWED X Baltimore City DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Homemaker Baltimore University Hosp. Home SUAL RESIDENCE (IF IN NURTI HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30 STATE 13c CITY OR TOWN COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland A.A. County 815 Macsherry Dr. 21012 Arnold YES NO X H. FATHER'S NAME IS MOTHER'S MAIDEN NAME Franz Zuckriegel 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Dept. of Aging Guardeanship Pg. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 219-54-3219 Becky Wall₁₀₁ Crain Hwy, Glen Burnie MD 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple blunt injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUI NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING KOR CONTRIBUTING CAUSE OF DEATH 8: 18 XXX 8-13-10 86 Passenger of van/fixed object impact. 21e PLACE OF INJURY CATHOME 21 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Rt. 648 no. of Pasadena Rd., Anne Arundel, MD road Autapsy X 22a. I certily that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide L death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL 8-14-86 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) 07/84 Burial 8-16-86 Hillcrest Cem 25M 24 FUNERAL DIRECTOR DHMH - 17 Barranco F.H. 501 Ritchie Hwy. Severna Pk, M (VR A15 ME (5)) 21116



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR AUGUS 28, MICHAEL :45P LORING q. 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR W 1912 Sept. 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Baltimore Maryland WIDOWED DIVORCED | CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Church Hospital Boiler Maker 136. COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES 🔽 NO I Clinton Maryland Baltimore 1133 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Catherine Flury Michae oring ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HEYES, GIVE WAR OR DATEST Clinton St 213-05-5210 Edna Loring BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: SEPSIS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PREUMONIA, RENAL FAILURE Canditions, if any, which gave rise to immediate couse (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS PM 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 86_ that 220.1 certify that (b) (y and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 72h SIGNATUR DEGREE (1) 22c. DATE SIGNED DIRECTOR PHYSICIAN PHYSICIAN CORP. BALTIMORE, MD. BROADWAY 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE COUNTY Sacred Heart of Burial Baltimore 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 21224 (VRA 15. 4) Zeiler, Inc. 700 S. Conklina



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DHMH - 16 60M 7/8	0.4	FUNERAL DIRECTOR	19814	ADDRES			TE REC'D. BY REGISTRA	R 256 REGIS	TRAR'S SIGNATURE	2.00	
(VRA 15, 4)	H	ubbard Fune	cal Hor	ney Inc., 410	7 Wilke	ns Ave. Al	JG I 1 1986	Timer	Devidson-Par	Page	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN KI 2h HOUR MONTH (TYPE OR PRINT) ESTI-DEATH MATED LOWE EDWARD 6 AGE IN YEARS IF UNDER 1 YR. 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED male black 8-30-8610 .1:25E DEAD 17 1964 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Baltimore City WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS blk. Palmer Avenue Unemployed Baltimore HAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3s. STATE 13h COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 4008 Belview Avenue 21215 NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert FIRST Lowe Mary Jacobs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMAN ADDRESS (YES, NO, OR UNKNOWN) No 216-84-2813 Willie B. Savoy 4008 Belview Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gunshot wound of neck DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. F FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED A: 1 THE STATE DEPARTMENT OF HEAI 1 AND 21201 PRIOR TO BURIAL, CI 19e DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject shot 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 5000 blk. Palmer Avenue TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PACE & SHOULD BE FORWAR TO PURRAL DIRECTOR: PAGE AFTER EATH, WITH THE STATE BALTHWER, MARYLAND, 2120 Balto., Md. Autopsy X 22e I certify that I took charge of the remains described above, held an Inspection and in my apinian Homicide X death resulted fram-Notural couses Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3-31-86 Assistant _MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street William M. Zane, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 9/5/86 King Memorial Park Randallstown Md 07/84 BP 750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Marich Funeral Home West 4300°Wabash Avenue - william-paryson (VR A15 ME (5))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH TYPE OR PRINTS LUKE E. deoi 3. SEX 4 RAGE 5. DATE OF BIRTH AGE (IN TEARS LAST IF UNDER 1 YEAR emale White BALTIMORE CITY OR COUNTY OF DEATH IRTHPLACE I STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED TIMORE 11.5. A. Maryland DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CITY OR TOWN OF DEATH 120 USUAL OCCUPATION Balt. City eacher Ret. MORE NE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 7930 Berk 21237 MO LTIMORE Rosedale 15 MOTHER'S MAIDEN NAME FATHER'S NAME FIRST MIDDLE Fischer Sophia Schuh Frank ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 414404220 Dorothy B. Cobb 6706 Garvey Rd. 21237 No 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ics PARTI, DEATH WAS CAUSED BY. neumonia IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO DO Mentol Hyg 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC.) STREET NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body ofter death. and that in (my) (pur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT THE PHYSICIAN'S NAME ITYPE OR PRINT 0 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore Maryland Baltimore Cemetery 1986 BP. Burial Aug 7 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 dia Davidson-Rondose Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4)

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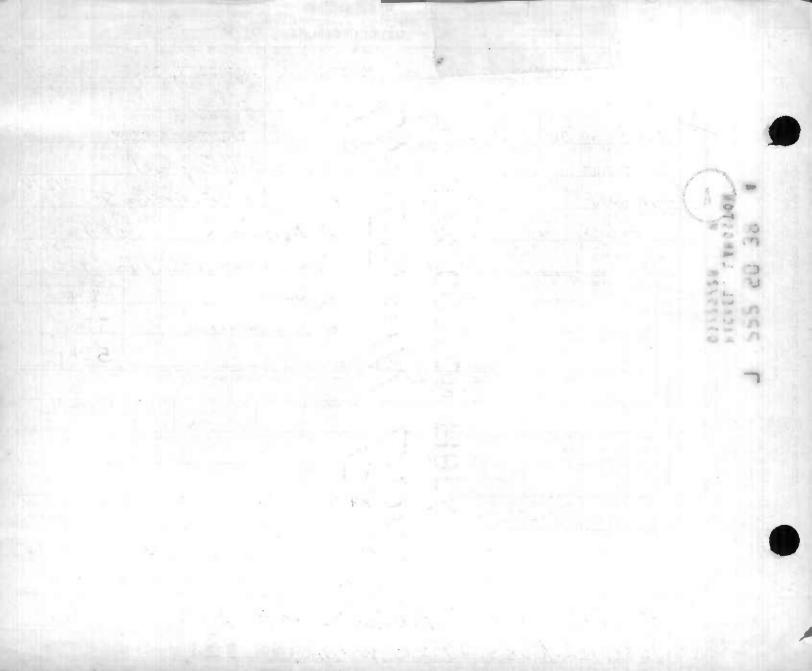
24 FUNERAL DIRECTOR
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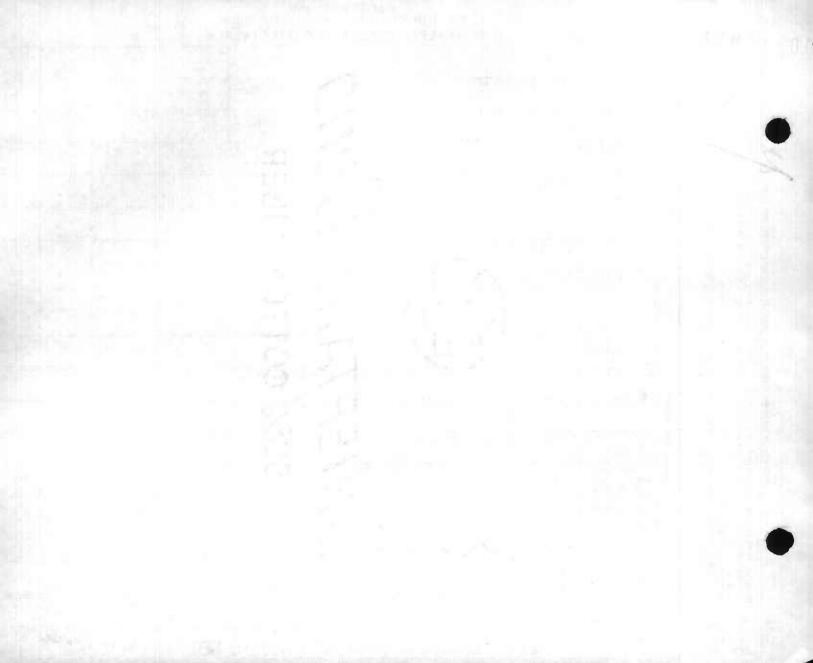
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF, TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL,				6.4			-	sy X						
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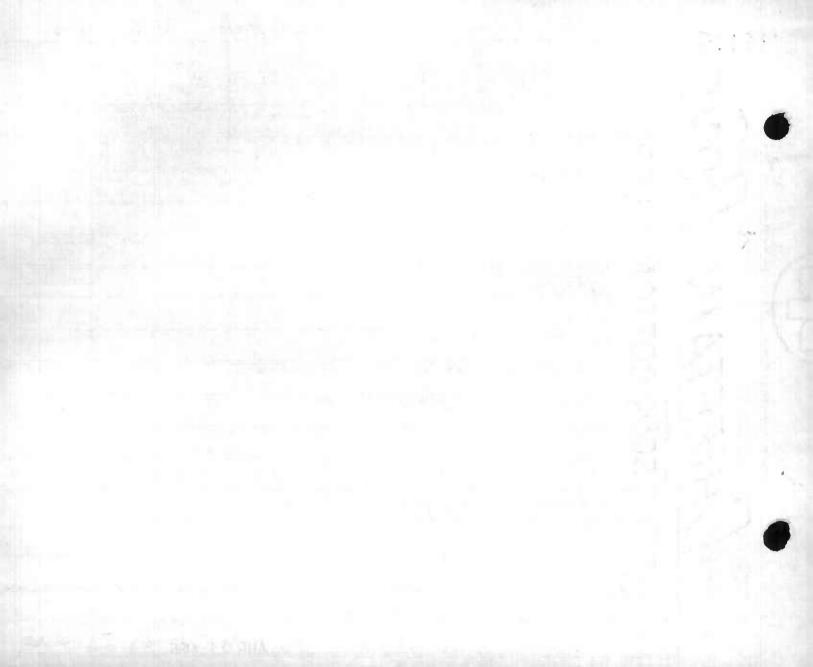
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME O. DATE KNOWN 2h HOUR MONTH LIYPE OR PRINTS ESTI-DEATH MATED XX Teslie 8-14 10 86 Magginson 4 RACE & AGE (IN YEARS | IF LINDER 1 YR 5 DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAYL 8:57 PRONOUNCED male blk. 8-14-8615 4-12-20 DEAD 6 6YRS a. M TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Appmatter, Va WIDOWED | DIVORCED Baltimore City, USA 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2221 Brunt Street Baltimore truck driver USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13h COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2221 Brunt St Baltimore YES X Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME SIDST Susie Christian Major Magginson ADDRESS 5014 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Windsor Joseph Haskins Mill Rd. 216-14-3219 World War II IT. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Blunt trauma to Head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. SED AS A BURIAL-HEALTH AND ME AL. CREMATION. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION NER. THIS CERT.

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E FORWARDED TO THE CHIEF THE CORM. PAGE 3 SHOULD BE USED AS SHOULD BE USED AS SHOULD BE USED AS THE STATE DEPARTMENT OF HEALTH STATE STATE DEPARTMENT OF HEALTH STATE STATE DEPARTMENT OF HEALTH STATE S 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (head only 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING KYOR HOUR A.M. MONTH DAY YEAR ? P.M. 8-14 19 86 subject fell down steps CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITHATHE STATE DE BALTIMORE, MARYLAND, 21/201 P. STREET, FACTORY, FARM, ETC.1 WHILE AT WORK 2221 Brunt Street, Baltimore, Maryland Home (head only) Autopsy XX 22a. I certify that I took charge of the ruma Inspection Accident XX Undetermined monner death resulted from Natural causes Homicide ___ TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8-15-86 EXAMINER'S NAME Dennis F. Smyth, W.D. 111 Penn St., Balto., Md. 21201 230 BURIAL CREMATION REMOVAL 236 DATE 13c NAME OF CEMETERY OR CREMATORY Burial 8/25/86 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Whise Landow Drodies (VR A15 ME (5)) 4600 Liberty Heights Avealla Leroy O. Dvett

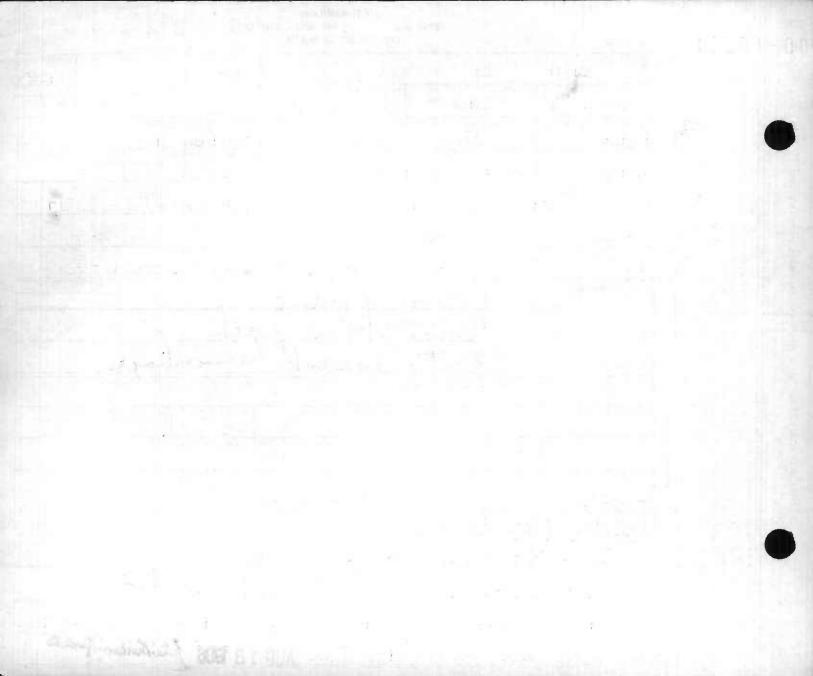


		STATE OF MARYLAND	
00-	17015	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.	9
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	4 moy	X 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR - IF	UNDER 24 HRS
	Poge direct kours o	Male Caucasian Oct 3,1911 74 YRS. RTHPLACE (STATE OR FOREIGN 7) CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMORE CITY OR COUNTY OF DEATH	
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-45	offer of with	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (FENOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
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RE, A	d com	John Mahon, Sr. Ethel P. Jacobs WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS WES NO OR LUNKNOWN 1 (IF YES, GIVE WAR OR DATES)	
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ST., BAL	physic on pape emosol.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cavawae and S	E INTERVAL ET AND DEATH
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PRES	111	Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
. ×		underlying couse lost. (c) coronary artery disease	
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ō	OR: Aff	22e.1 certify that (1) (this haspital) attended the deceased from 8-18- 19-86, to 8-30 19-86, that	t ((we) lost
	ATTE DSpirit DSCTC d for t. of m 21	saw the deceased alive an 8-30 19 86, and that in (my) (aur) opinion death occurred an the date and haur and from the courabave. (f) (we) (did) (did not) view the body after death. 726 SIGNATURE DEGREE	
	AL OR AL OR AL OR AL DIRE detoche of Detoche Tr. If he I he	Millum S. ALMARUN AND MD ATTENDING MEDICAL STAFF 8-30-	-86
	TO HOSPITAL TO FUNERAL should be deto with the Store	22d PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS WILLIAM S. ARUNSTEIN 77E JOHNS HOPKINS HOSPITAL	THE PARTY
	of of white	BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY	STATE
	BP	Cremation 9/1/86 Greenmount Baltimore, Marylar	nd
	DHMH - 16 60M 7/84	UNERAL DIRECTOR 97.05. Belair Rd 250. DSTD 387 REGISTRAR 256 REGISTRAR'S SIGNATURE NAME 21.33.6	andalle .
	(VRA 15, 4)	SCHIMUNEK FUNERAL HOME, Balto, Md. 21236	

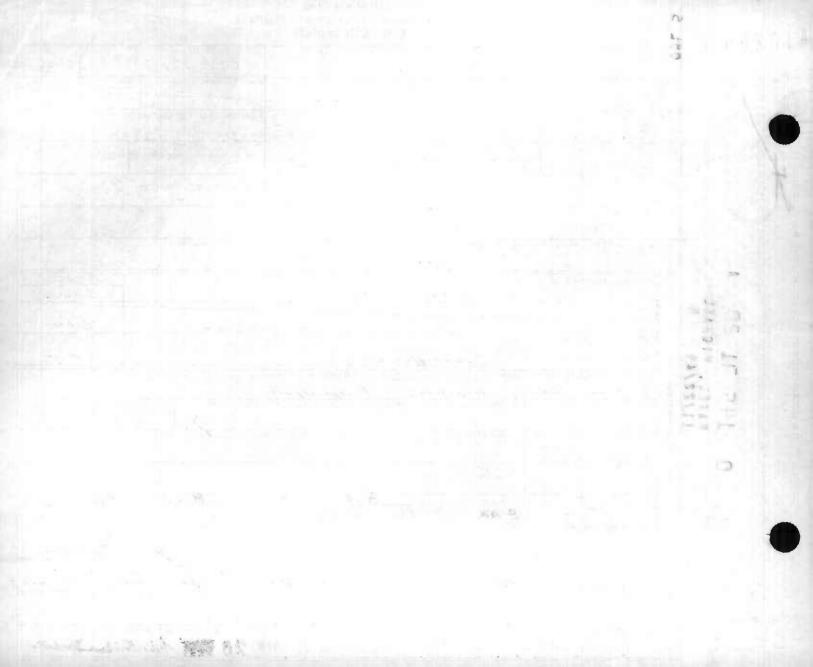
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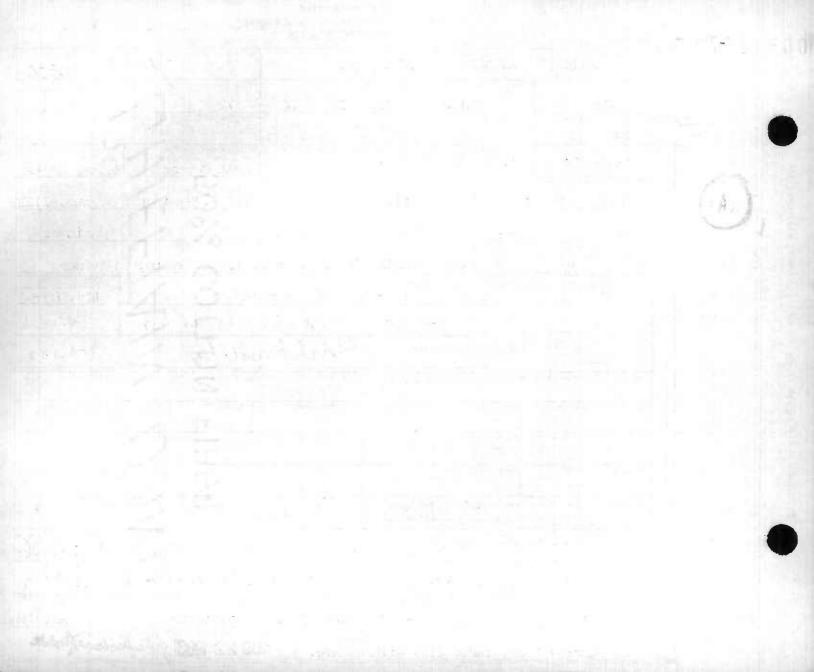
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 7h HOUR YPE OR PRINT AUGUST 22, 1986 09:05pm MAKEL MICHAEL Τ. & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 24 HPS 4 RACE 5. DATE OF BIRTH 11-22-49 BI.ACK MALE BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTO., MD. WIDOWED DIVORCED | BALTIMORE CITY IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND GRANTLEY ALTIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MAKEL MILTON MAKET GLORIA ME WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) 219-52-8626BEATRICE BROWN 602 GRANTLEY STREET CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY Cardiac Arrest 5 minules IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (b) Hypocalumea gave rise to immediate couse (D), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. (c) Pancreals les PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID Kenal Failure. Hepathers 206. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) AT WORK NOT WHILE 22a.1 certify that this haspital) attended the deceased fram 19 66, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated saw the becaused dive an abave (I) we yill did not view the bady after death. DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION BURIAL 8-27-86 ARBUTUS MEM. BALTIMORE MARYI.AND 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 ADDRESS (VRA 15, 4) BROWN THOMPSON F. H. 1913 W. BALTIMORE ST.





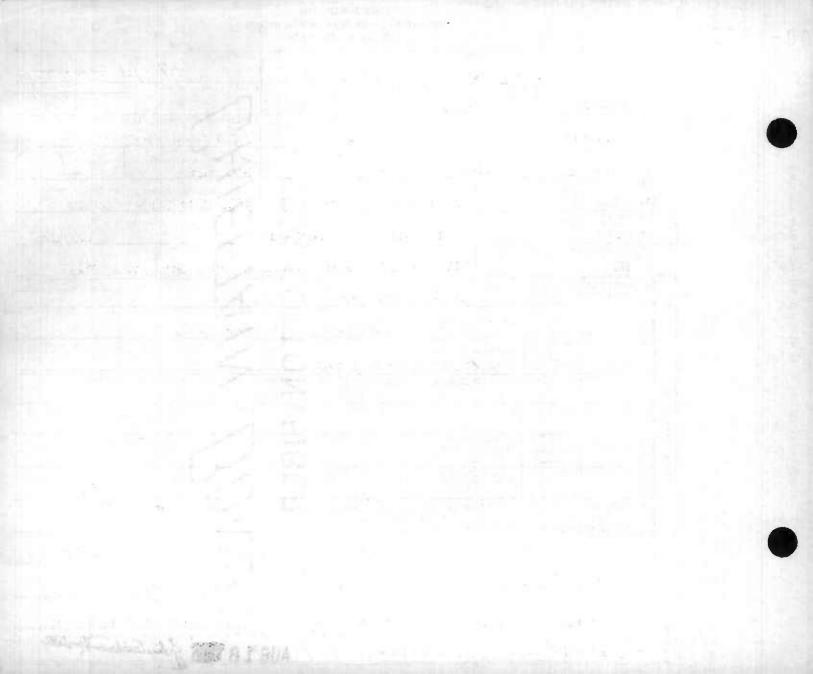
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	2. SE	×	4 RACE		5. DATE O	F BIRTH DAY YEAR		GE (IN YEARS LAST B	IRTHDAY)	IF UNDE	R 1 YEAR DAYS	IF UNDER 24 HRS
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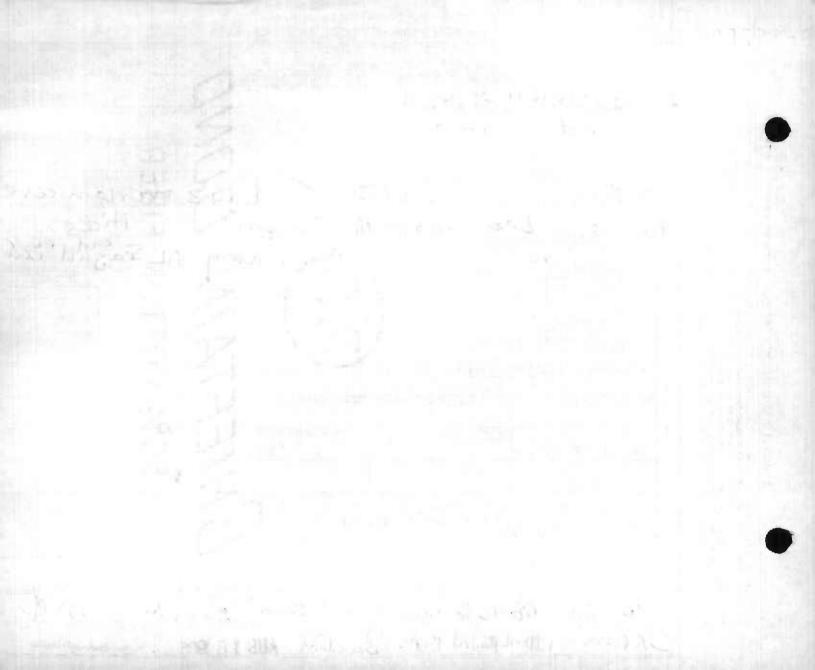
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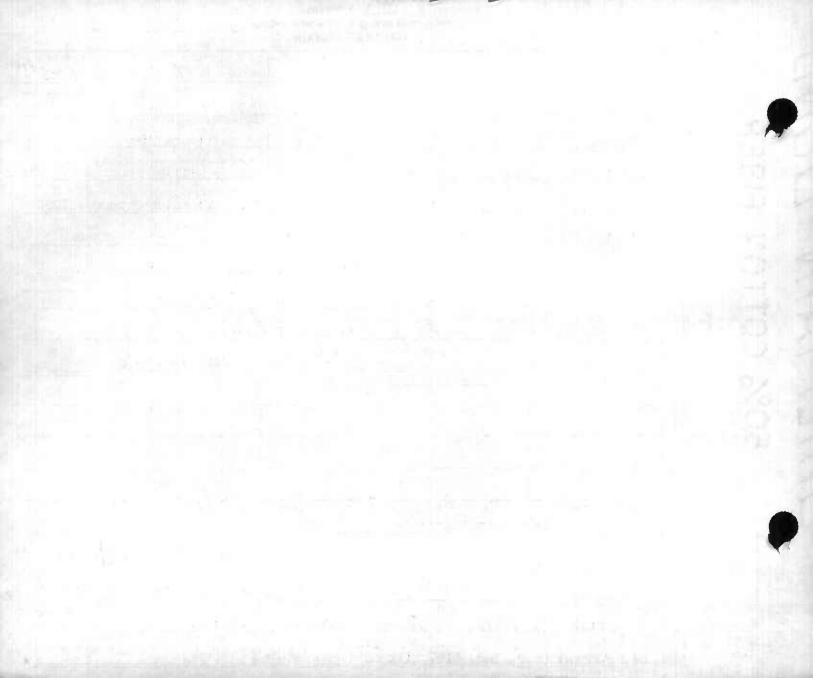
				STATE OF MARYLAND	
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		# 무료호텔	3	SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	7:45
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		A A Z	70	BIRTHPLACE ISTATEOR 75. CITIZEN OF WHAT COUNTRY? IS 19 BALTIMORE CITY OR COUNTY OF C	
		品点の手架	5	MARRIED LI NEVER MARRIED L	
		S S S	1	Baltimore City,	MD.
1	1	で出出出る	10.	1. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) 12a USUAL OCCUPATION (TYPE OF WORK 12b KIT) FOR MOST OF WORKING (IFE)	ND OF BUSINESS R INDUSTRY
-	X	AL A H		Baltimore 1043 Harlem Ave.	
		DEATH, IF ANY DELAY IS NECESSARY, PLEASE GES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. M PM 3. RETAIN PAGE 5 FOR YOUR FILES. AND 2 SHOULD BE FILED, WITHIN 72 HOURS OF VUTAIL RECORDS (72) W. PRESTON STREET,	03	SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	7
	20	SETEN	£ 131	8. STATE 136. COUNTY 136. COUNTY 136. COUNTY 136. STREET ADDRESS	1000
3 1 6	7	T A S S S S	-/-	1 Jaclo YES NO 1043 Tax on	nave
1	MD. 21201	M. 3.	14	1. FATHER'S NAME ADDLE LAST A DEPART MIDDLE 1. MOTHER'S MAIDEN NAME FIRST MIDDLE 1. MOTHER'S MAIDEN NAME	MAST
	100	M PW PW STAND		Hamis Lee Marshall Joseph Hick	-5
	BALTIMORE	0020	16	WAS DECEASED EVER IN U.S. ARMED FORCES? Tob. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	1 . 010.0
	E	URS AFTER B. GIVE PA WITH FOR T. PAGES 1 DIVISION	11	(YES, NO, OR LINKNOWN) (IF YES, GIVE WAR OR DATES)	Tope
	× ×	S AFTI GIVE ITH FO PAGE IVISIO			IN COT
	-	JB. GIVI WITH WIT. PAG			PPROXIMATE INTERVAL
	Z	N 24 HOUR N ITEM 1B. ALONG W IT PERMIT. YGIENE, D		PARTI DEATH WAS CAUSED BY: MANAGEDIATE CAUSE (0) Chronic Alcoholism	
	9	25 P P P P P P P P P P P P P P P P P P P		(DUE TO, OR AS A CONSEQUENCE OF	
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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	D BE EXECUTED WITHIN 24 HOU ENDING" IN PENCIL IN ITEM 11 WEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERMI ATTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.		(c)	
	SQ	PENDING" F MEDICAL IS AS A BURHEALTH AND		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0	
	0	SA	1 3	NO CONTRACTOR OF THE CONTRACTO	
	E.	"PENDIN" F MEDIC ED AS A I HEALTH, AL, CREM		196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 A 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 210. DATE OF OPERATION 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	AUTOPSY?
	¥	J. III W - K	1 9		
	5	CERTIFICATE SHOULD TIING THE WORD "PE PED TO THE CHIEF M 3 SHOULD BE USED A DEPARTMENT OF HEA 1 PRIOR TO BURIAL, C	41		YES X NO [
	0	A HO HO	3	216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
	Z	SEOSE &		CONTRIBUTING CAUSE OF DEATH P.M. 19	
	S	SE SE SE		214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION	
	2	S S S S S S S S S S S S S S S S S S S		WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
	_	WARD WARD PAGE TATE		AT WORK AT WORK	
		ME. NTE.		22e Certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my apinion	
		ADAGEA		death resulted fram: Notural cause X, Accident , Suicide , Homicide Undetermined manner ,	
-		EXAMI CERTIF JLD BE DIREC WITH			
-		¥. ₽ ₽ ₽ ₽ ₽		ACTUAL TITLE (SPECIFY)	1=100
		YESES.	-	SIGNATURE	3/7/86
		M 4 M 90	1	EXAMINER'S NAME	
		TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE TO FUNEAR DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT. BALTIMORE, MARYLAND, 21201 PRIOR TO BU	60	(TYPE OR PRINT) Gregory R. Kauffman, M.D. ADDRESS 111 Penn St.	
		5 A S S S S S S S S S S S S S S S S S S	23	In BURIAL, CREMATION, REMOVAL 236 DATE 230. NAME OF CEMETERY OR CREMATORY 238 LOCATION	
	07/84	DD.		(SPECIFY Burial OB-1686 Maint Zan Cem Com County Y	M. M.
	07/84 25M	BP	24	FUNERAL DIRECTOR / 150. DATE REC'D. BY REGISTRAR'S SIGNATI	TIPE
		DHMH - 17	1/2	- MAT OAM - THE MADDRESS PA LOIS TO ALLO WINDOWS AND MAN SHOWER S	S
		(VR A15 ME (5))		2400 (1010 5010 11) Baltos AUG 18 186 under	Handelle



15 75 4 TH 1 1 1 1 1 1			STATE OF MARYLAND	0. 0. 1. 1. 1.
	1 -	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH	22301
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		CEASED NAME FIRST	MIDDLE LAST 26. DATE OF DE	00-001 -
oy be death death		Mond	ale Wastin	082986 3:15 4
0 0	3 SE	1 1	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS	
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5 5 5	2	RTHPLACE (STATE OR FOREIGN	00 05 05 0	YRS
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1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCC	UPATION 12b. KIND OF BUSINESS OR MOST OF WORKING LIFE) INDUSTRY
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pap pap iava ent,		PART I. DEATH WAS CAUSE	DBY: Cardina da somet	BETWEEN ONSET AND DEATH
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er tr		gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUENCE OF	
ath ath		underlying couse last	(S)	
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sigi hen ta bi	Z			
ny ii	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS	? 206. IF YES, WERE FINDINGS USED
os b ne pr	F			IN CERTIFYING CAUSES OF DEATH?
stre h	E			YES NO
Hygi 18 sh		218. ACCIDENT WAS UNDERLYING CAUSE OF DE	THE PARTY OF THE P	OF INJURY IN ITEM 18 PART I OR PART 2)
Mental I	N N	(IF EITHER NOTIFY MEDICAL EXAMINER		
or h	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY 216 LOCATION STREET	TY OR TOWN COUNTY STATE
the and ked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	TON TOWN
olth alth		200	tal) attended the deceased from Aug. 19 86, to Aug.	29 19 80 that (1) (Ve) last
He Isr				
d fo	- 1	obove, (Lilwe) (did) (did no	t view the body after death.	
DiRE Dept F Ren		226 SIGNATURE	DEGREE	22c. DATE SIGNED
4 4 6		Kanwal	E. Roules My ATTENDING MEDICAL PHYSICIAN DIRECTOR	STAFF PHYSICIAN X 8/29/86
FUNER old be d		22d. PHYSICIAN JAME (TYPE C	R PRINT) 27e ADDRESS	
		Ramond	E. Banter MO BII S. Charles S	+. Baltimore Md 21230
should be with the IMPORT.	22- 6	A STATE OF THE STA		N
		URIAL, CREMATION, REMOVAL	A - 21 190/ Hebriero Yang Mane 1. Jan 1997	OWN COUNTY STATE
		Durial	Aug 31, 1786 rested loung Mens Wood!	
1 - 16 60M 7/84		INERAL DIRECTOR	25a. DATE REC'D. BY REGI	STRAR 25) REGISTRAR'S SIGNATARA
(VRA 15, 4)	10	brew Memoria	IFH 1100 Reisterstown Rd 21208 SFP 4	36 Julia Davidon

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STATE OF MARYLAND



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	ESS HE S		IRTHPLACE (ST		76 CITIZEN OF WE	HAT COUN	VTRY?	MARRI	ED NEVE	R MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
	IS NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE COR FULES. LE MITH 72 HOURS LINE PRESTON STREET,	1/	Maryla	and	U	.S.A.		WIDOW	ED 🗆	DIVORCED [Baltimor	ce City	7,	MD
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W W	H- W 32	17 F	ATHER'S NAME		MIDDLE		LAST		15 MOTHER'S	S MAIDEN NA	ME		LAST	
RE,	400 Z/2/	Y	Randal	11		Mat	theu		I	Dianna		(Supp	
WO	SE PAGE	16a. \	AS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. 5O	CIAL SECURITY	NO.	17 INFORMA	NT	ADDRE	SS		
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1	O NOSW			ATH WAS CAUSED	D BY:			- Da	- L'à C				BETWEENON	SET AND DEATH
/Z	VAL			IMMEDIAT			n Infan		atri Syr	arone				
ESTO)	WHY WHO	100	Candina	s, if any, which	DUE TO, OR	AS A CON	NSEQUENCE OF	- 10						
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201	ON SEE		ying coo.	, , , , , , , , , , , , , , , , , , ,	(c)									
DS	A P S S S S S S S S S S S S S S S S S S		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	OUT NOT RELA	ATED 10 THE TERMIN	AL DISEASE	OR CONDITION G	IVEN IN PART 1 In				
Ö	SAA	Z												
RE	DANKARD T	Ĭ	19a. DATE OF	OPERATION	19b CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFORME	D?			20 AUTOPS	V2
3	WA FEE ST	CERTIFICATION												
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Ö	E TE SEC		UNDERLYING		HOUR A,M		DAY YEAR	ZIC. HC	JW INJURY OF	CCURRED (ENT	ER NATURE OF INJURY IN ITEM	18 PART 1 OR PAR	RT 2)	
O	EL CARRO	\ \	CONTRIBUTIN	G CAUSE OF			19							
DIVISION OF VITAL RECORDS.	US CERTIFICATE SHOULD BE EXECUTED WHATEN WRITING THE WORD "PENDING" IN PENDING SARED TO THE CHIEF MEDICAL EARLIEST SA SHOULD BE USED AS A BURIAL. THE DEPARTMENT OF HEALTH AND MENTAL HYGIEN 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	21d INJURY O		21e PLACE C				CATION		CITY OR TOWN	COL	IA ITU	67.475
۵	: THIS C E, WRIT RWARDI : PAGE (STATE D	2	AT WORK	NOT WHILE							CITY OR TOWN	COU	INIT	STATE
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	L EXAMNER: E CERTIFICATE, DULD BE FOR, L DIRECTOR: F H, WITH THE S' MARYLAND,				e of the remains des	inbed obc	-		YALA,	nspection L.	Inquiry	and in my api	inian	
	WE SEE		death resulte	d Irom: Notur	ol couses LXI.	Accident	Suici	de L.	Pramicide	Und	determined manner	١.		
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	¥\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		SIGNATURE_	acel	cex/x	JOH	41/	MI	ASS1S	stant_m	EDICAL EXAMINER	DATE	8-2-	86
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	TO MEDICAL EXAMA EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIRECT AFFER DEATH, WITH BALTIMORE, MARYLL		TYPE OR PRIN	Denn	is F. Smy	tn, i	M.D.		ADDRESS	11 Penn	St., Balto)., Md.	2120	1
	DAY OF A	23a.B	URIAL, CREMAT	ION, REMOVAL 2	36 DATE	23c. 1	NAME OF CEME	TERY OF	RCREMATORY	/ [23d.	LOCATION		70	
07/84	BP	(:	Bu	rial .	Aug 5 198	6	Morelar	d Me	emorial		Baltimor	COUN	Mary	land
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ACCOUNT J. THOR. Inc. althorn, erriend

"NUTTER + SONS FUNERAL HOME, INC.

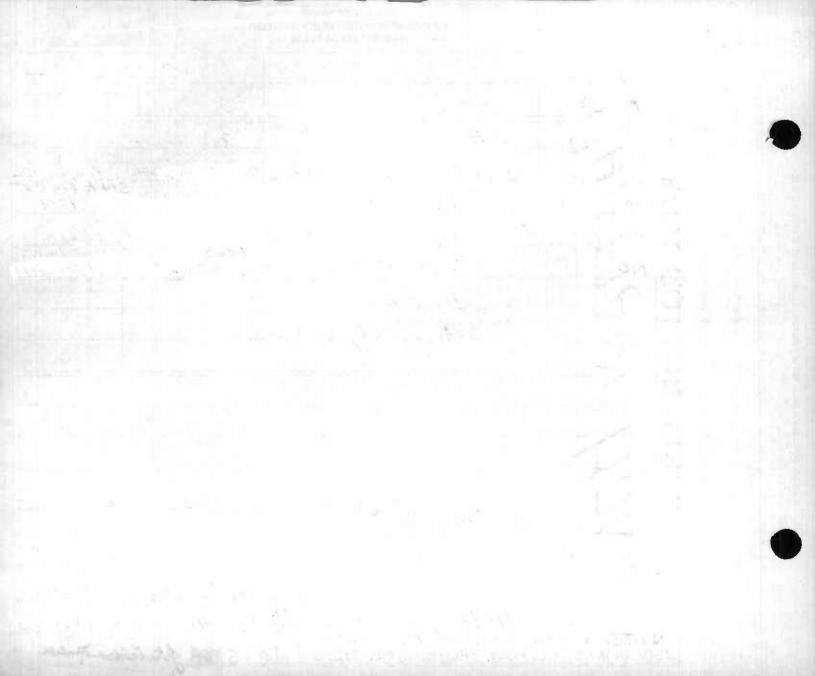
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STATE OF MARYLAND

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR



7-15274	1 -	FOR STATE REGISTRAR		RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GJENEO 2 2 3	5 / 1
a e be		OR PRINT)	MIDDLE	MATTHEWS	2a. DATE OF DEATH MONTH OF	0.5
ge 4 may be ector, page 3 irs after death	3. SE		BLACK	5. DATE OF BIRTH MONTH DAY YEAR ON THE TOTAL T	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS. ONTHS DATS HOURS MIN.
death Podering In 172 have		COUNTRY) HD	76. CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	Baltimore	city MD.
3: 42	B	altimore	(IF NOT IN SUCH FACILITY, GIVE ST		12a USUAL OCCUPATION (1997) FWORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
AND 212	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136, COUN	ITY IS CITY OR TO	More YES X NO .	13. STREET ADDRESS / 24P CODE	em Are
BALTIMORE, MARYLAND 2 cote be executed within 24 he ysician and compilers, fulled is opers. Pages and 2 insuld b wal. st, the medica	0	harles	H. GIRO	SS MOTHER'S MAIDEN NA	MIDDLE	Boston
TIMORE be execu		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SE 215-0	1-2682 Betty M.	Fry 2428 H	barlem Are
ST., BAL aphysician papaper emaval.		III. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT		OPULMWARY PARE	ST.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hat the cose remons on the tro		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	OUENCE OF		
RDS, 20 equires t n signed Then ple ta burio	N O	PART 2 OTHER SIGNIFICANT O		O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN; The law requires that the death certific attending physician. After this certificate has been signed by the attending phose the burial-transparent. Then please remove carbona th and Mertal Hygisine prior to burial, cremation, or remanded of them 18 shows any injury, or ather traumatic even are the statement of the statement.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	20a AUTÓPSY? 20b. IF YES, IN CERTIFY YES NO	WERE FINDINGS USED ING CAUSES OF DEATH?
NOF VITA SICIAN: T ng physici certificate rigal-transi ental Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I ORPART 2)
IVISION C	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN haspitol ar RRECTOR. Af led for use o ept. of Health		220.1 certify that (I) (this hospi sow the deceased alims on above, (I) (well decided in	•	01	death occurred on the date and hour	ond from the couses stated
T T D D D D D D D D D D D D D D D D D D		22b. SIGNATURE	4.50	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27c DATE SIGNED 8-12-96
TO HOSPITA		274 PHYSICIAN'S NAME (17PEO ERIKA, EL		22e ADDRESS	HOSPITAL, BA	LTIMORE
Pb of Sp ₹	230 8	BURIAL, CREMATION, REMOVAL SPECIBURIAL	23b. DATE 2	R NAME OF CEMETERY OR CREMATORY BALLIMORE NAT CEMETE	9	COUNTY MDATE
4H - 16 50M 4/83		INERAL DIRECTOR AAME TUNERAL HO	me West 4300 W	abash Avenue	JG 1 4 1986	AR'S SIGNATURE ARE



7.			STATE OF MARYLAND		
01715	FOR STATE REGISTRAR	▶ DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE) 2 2	0 / 4
9 W E	1. DECEASED NAME FIRST (TYPE OR PRINT) Marv	MIDDLE	Matthews	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 10
noy b poge pr dea	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE INSTANSIAND MITHELATI	IF UNDER 1 YEAR IF UNDER 24 HRS
often	female	black	3 7 1900 YEAR	86 YRS	MONTHS DAYS HOURS MIN
量 報 影	TO BIRTHPLACE ISTATE OF FOREIGN COUNTRY) Md	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	Dalla de la constante de la co	TY OF DEATH
1 50	10 CITY OR TOWN OF DEATH Baltimore		URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETIPED	LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
E BO	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE Md	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS? PC YES \(\frac{1}{2} \) NO \(\frac{1}{2} \)	13e STREET ADDRESS 615 N. Carey Stree	et 21217
WAR TO TOO	Willis	AIDDLE HIT	Is MOTHER'S MAIDEN N. Grace	AME	Hill
IMORE, In the made on the medical	160 WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 166 SOCIAL 214-24-	SECURITY NO. 17 INFORMANT 9919 Joseph Hill 6	ADDRESS 515 N. Carey Street	
ST., BALT	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE) IMMEDIAT	ly ane cause per line (a), (0 BY: E CAUSE (a)		und-	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH ALOCAL
W. PRESTON set the death or by the attending set remove carb contraction, or other troumark	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	alrated 1450	(UD)	5± 7/25
DS, 30 spreed best pice to the of		ONDITIONS CONTRIBUTING	S TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
At RECOR	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \(\text{ \text{ NO }} \)
OF VIII	. OR CONTRIBUTING CAUSE OF DEA	1.0110 4 11 1101101	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
OWISION of Period of Period of the four head or h	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	211. LOCATION	CITY OR TOWN	COUNTY STATE
CTOR AL	22a certify that (1) (this haspit saw the deceased alive an abave, (1) (we-(did) (did na	200 AU9181		(a) ta 2-) A up to death accurred an the date and hi	our and from the causes stated
PITAL OF 1 by the to State Dept.	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE OF	Aller 2	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	171. DATE SENED
O HOSPITA to FUNETA TO FUNETA heald be st with the Sta					
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MPORTANT If Hem 21 is marked or Hem 18 shows any

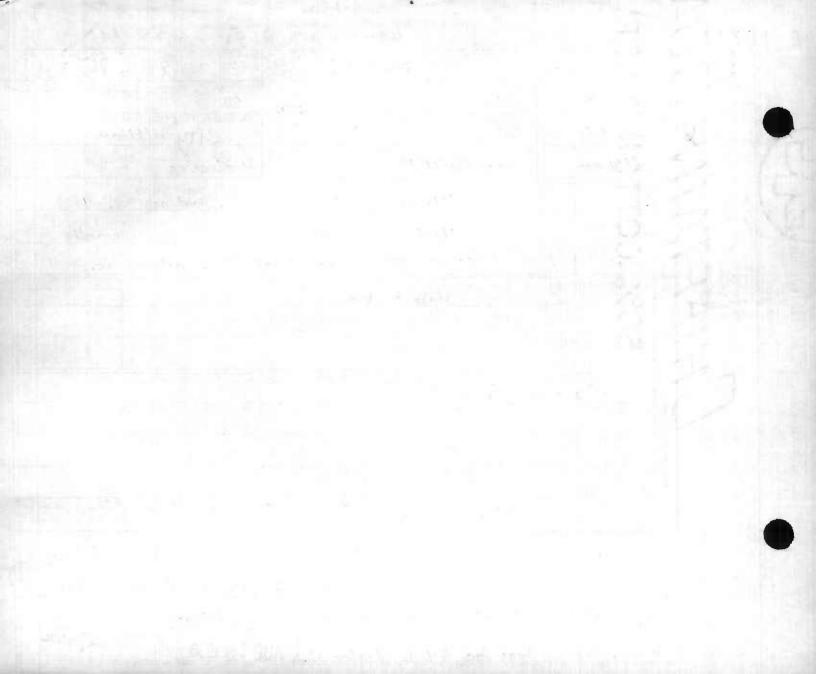
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.	77	-7-	100	

	1-	FOR STATE REGISTRAR			F HEALTH AND MENTAL I	TYGIENE NEG N	2 5	13
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	TION	PART 2 OTHER SIGNIFICANT O	e Hrr	thmas				
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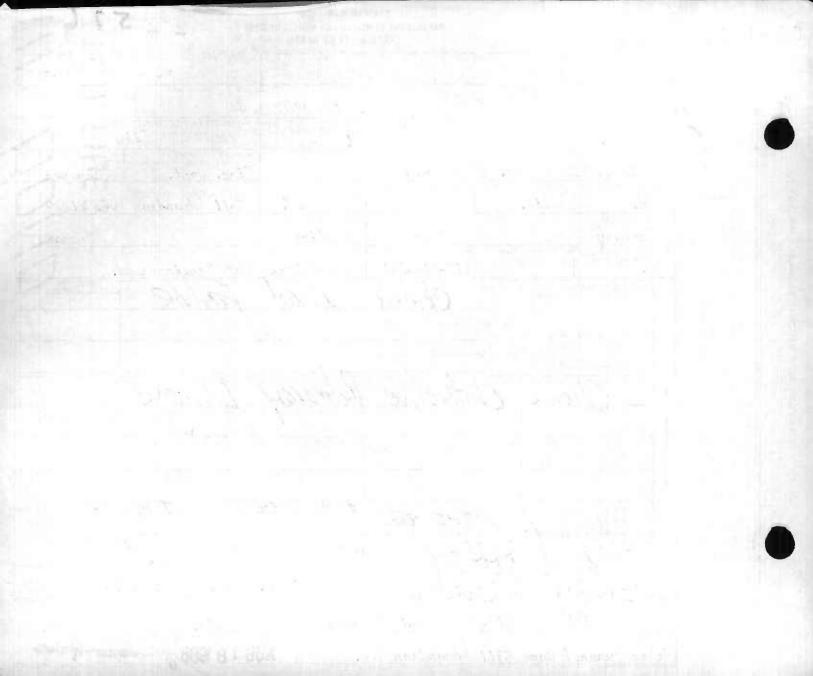
17052	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6 2	2574
eo dh	I. DECEASED NAME FIRST (TYPE OR PRINT) CYRI	MIDDLE	MAXSAM		986 26 HOUR 4:10
ge 4 moy be ector, page rs ofter deat	3. SEX MALLS	4. RACE	5. DATE OF BIRTH MONTH DAY VEAR 10 - 30 - 04	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	FUNDER I YEAR AF UNDER 24 HRS
neral dire	JOB BIRTHPLACE (STATE OR FOREIGN SCOUNTRY) JAMICA BUI	16 CITIZEN OF WHAT COUNTRY		BALTIMORE CITY OR COUNTY	
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filled in rould be	12 ARYLAND 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR JNTY 134 CITY OR TO	WN 13d INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 2229 Ruskin	AUE 21211
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BP Burial 8-19-86 Holy Redeemen Balto. Md.			SPECIFY) 0					23d LOCATION		COUNTY	STATE		
	BP			8-19	-86	Holy Rei	deemer				4- 4		
DHMH - 16 60M 7/84 NAME	(VRA 15, 4)	We	ber Funeral	Home 531	1 Edmone	Ison Ave		106 1 8 198	Gulard	andson-86	HANGE		



DEPARTMENT OF HEALTH AND MENTAL HYC										0 0		7-1		
	16.113	1-	STATE		MEDICAL EXAMINED'S CERTIFICATE BE DEATH									
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	OR. OR. URS EET,			Edwa			Mazerski DEA				0	22 1986	M	
	STEER	3. SE:	×	I. RACE	5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UT		24 HRS. 2c. [DATE	HINOM	DAY YEAR	231940	
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	L ESSARY, PEASE IL ERAL DIRECTOR. OR YOUR FILES. IITHIN 72 HOURS PRESION STREET,	M	ary land		U.S.A.			VED A DIVORC		altimor	_ O* +-			
	A SE		ITY OR TOWN C	F DE ATH		PITAL, NURSING HOM	1			CCUPATION (1)	e CIU	Y 12b. KIND OF 8	MD	
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100	AND	13a S	TATE	13b. COU		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET AL					
- 5	4 - 100		aryland			Baltimore	2	YES X NO	1334 Br	coening	Hgwy .	21224		
W	H. IF	14. F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE		IAST		
E.	SAN SEA	1	Unknow	wn				Unknov	m	MIDDLE	LAST			
Wo		16a. \	WAS DECEASED	EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO.		17. INFORMANT		ADDRES	S			
BALTIMORE	SS AFTER I		Yes	WW WW	I I	213-14-4218		Edward Mazerski, Jr. 6826				Dunbar Rd 212		
3		H	18 CAUSE OF	DEATH (Enter o	only one couse per line			1-4.4.2.4.1.4.2	, cront,	71. 0020	Dune	APPROXIMA		
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. 201	ULD BE EXECUTED WITHIN 24 HOU! "PENDING" IN PENCIL IN ITEM 1B. F. MEDICAL EXAMINER ALONG W ED AS A BURIAL-TRANSIT PERMIT. HEATH AND MENTAL HYGIENE, D.I., CREMATION, OR REMOVAL.		(c)											
RECORDS,	AA BEST		PART 2 OTHER SIG	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101.										
8	MEDI MEDI AS A EALTH CREA	O												
2	ANNER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "PEN BE FORWARDED TO THE CHIEF ME FORE. PAGE 3 SHOULD BE USED AS ITHE STATE DEPARTMENT OF HEAVILLAND 21201 PRIÇR TO BURIAL, CR	CERTIFICATION	190. DATE OF	PERATION	19b. CONDIT	ION FOR WHICH OPE	OPERATION WAS PERFORMED?					20 AUTOPS	(?	
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DIVISION	S S S S S S S S S S S S S S S S S S S	ME	WHILE AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, ETC.)		STREET		OR TOWN		UNTY	STATE	
-	WAR AND A STATE OF THE STATE OF		AT WORK	AT WORK	hom	e	133	4 Broening	Hwy. B	alto.		9-3-2	MD	
	ATE ORY	1	22a I certify	that I took chip	ge of the remains desc	ribed above, held an	Autop	sy XX Inspection	lna	uiry . o	ind in my op	inion	175-	
	NEW CENT		death resulted	hom Man	urokouses 🕖	Acord X Si	icide _	. Homicide	Undetermine	,	, 0			
	CERTIFIC CERTIFIC JLD BE F DIRECTO		The second	///.	0 11 1	11.		TITLE (SPECIFY)	Ond Cremme	a	-			
	W. A.		ACTUAL SIGNATURE_	1 mil	- 1	and		Assistant			DATE	8/23	106	
1	SER SE		SIGHTAT ONE_		/			DAG SIS CALL	MEDICAL E	XAMINER	SIGNE	D	700	
	WERE CHANGE		EXAMINER'S N	AME	Charles/P	. Kokes, M	.D.	ADDRESS 111 P	enn St.	Balto	OM O			
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIFFECTOR: PAFTER DEATH, WITH THE ST. BATTIMORE, MARYDAND, 2	23n B	URIAL, CREMATI			23c. NAME OF CE					J • 14H •			
		(5	PECIFY)		8/26/86				23d LOCATIO	N 1 +	-		17. fc	
07/84 25M	BP	24 51	Buria UNERAL DIRECT		0/20/00	Oak Law	n cem	letery	To the second	altimor			J.	
	DHMH - 17				- 1005 Du	. 1. 11. 4	0.1	22/42	-	AD KITG	ISTKAR'S S.	PP/VATT)EE		
	(VR A15 ME (5))	Wa	alter Da	browski	- 1005 Du	ndalk Aven	ue ZI	224	_AUG 2	25 mas	Like	Bridge	Bucher	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2g. DATE OF DEATH MONTH 2b. HOUR ITYPE OR PRINT TheodoRE 86 4 RACE 1 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR Bruck 110 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED COUNTRY WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b COUNTY 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? N EUTEW 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE erth 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DERMINAL DISEASE OF CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO. YES [NO 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram 19 8 , and that in (my) (aur) apinian death occurred on the date and have and from the causes stated saw the deceased alive an abave, (I) (we) (did) (did nat) view the bady after death. DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS DHMH - 16 50M 4/83 (VRA 15, 4)



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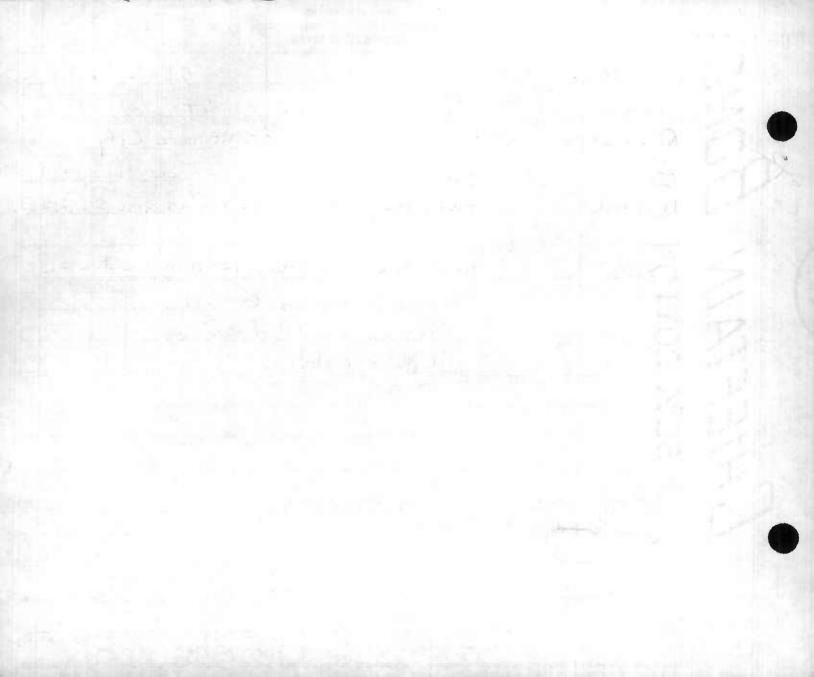
STATE OF MARYLAN
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DEPARTMENT OF HEALTH AND M

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	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	ALTH AND MEN		NE O Z Z	3 Q	U
			der)	Mc C	lain		DATE OF DEATH MONTH	DAY YEAR 06 86 IF UNDER LYEAR	2b HOUR P M
	1	Male	Black	O2	03	1a	74 YRS	MONTHS DAYS	HOURS MIN.
1	7a. BIF	RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUN	TRY? 8 MARRIED WIDOWED	NEVER MARE	RIED .	Baltimore City or Count	City	MD.
~	B	altimore	11. NAME OF HOSPITAL, NU (IF NOT INSUCH FACILITY, GIVES CENTURY HOW	JRSING HOME OF			20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING		BUSINESS OR
400	30 S		17-11	nove	13d INSIDE CITY L YES NO		sestreet address zip cor	1	21213
	14 FA		WIDDLE LAST		Anna	IDEN NAME	WIDDLE	LAST	
		VAS DECEASED EVER IN U.S. AR/	MED FORCES? 166 SOCIAL 412-10		Rudia I	efferso	an 1218 N. Carol	ine St. 2	11213
		Conditions, if any, which	y one couse per line for rol., (b) BY E CAUSE (o) DUE TO, OR AS A CONS	EQUENCE OF	elmone oma	org	ourrest	APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
	NO	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING	Upme	Mela NOT RELATED TO	V	AL DISEASE OR CONDITION G	IVEN IN PART 1:0	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	WAS PERFORME	D	IN CERT	ES, WERE FINDING IFYING CAUSES (
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY	OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OF	FFICE FARM ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a I certify that (1) (this hospit sow the deceased alive on above, (1) (we define that	C 1- 4	19 <u>86</u> , and		o S6 opinion dec	, to		ouses stated
		22b. SIGNATURE			PHYS	NDING GL	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE S	6-80
		THE PHYSICIAN'S NAME THE OF	NAIR, M	Ω	22e ADDRESS	SOIBAL	O YORK ROCATIONORE MO	20 40 45	2.
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 0.17.106		METERY OR CREM		23d LOCATION	COUNTY	Md. STATE
	_	DUK I AL JNERAL DIRECTOR	8/7/86	darr 180	n Forest		Owings Mills,		

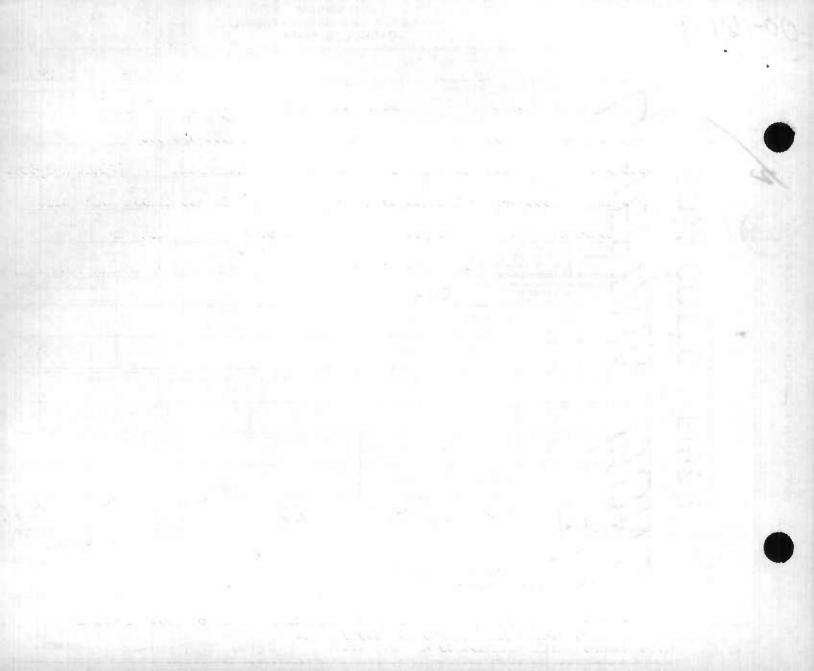
DHMH - 16 60M 7/84 March Funeral Homes 1101 East North Avenue (VRA 15, 4)



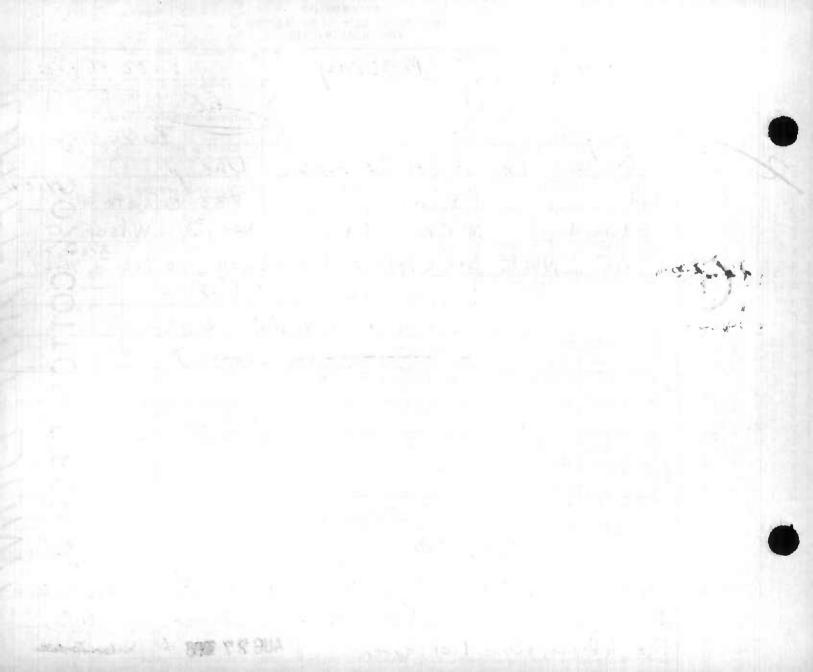
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE 🔾 CERTIFICATE OF DEATH

	REGISTRAR		CERTIN	ICATE OF DEATH	REG. N	O.		
	CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH		AY YEAR	26 HOUR
4.10	Ethel M	cConahy			August 31	. 1986	5	6:15 AM
1, 5E		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	F UNDER I YEAR	IF UNDER 24 HRS
	Female	White	Dec.	14. 1915	70	YRS.	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUP	VTRY? II.		9 BALTIMORE CITY O		OF DEATH	
	Pennsylvania	U.S.A.	WIDOWE	DEVER MARRIED DIVORCED	Baltimore	Cita		AAD
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C		120 USUAL OCCUPATI	ON		F BUSINESS OR
R	altimore	Villa St. Mi		meina Uoma	Librarian	F WORKING LIFE		Hospita
SSU	AL RESIDENCE HE NURSING HOMEOR	OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	-			Dinai	позрица
	aryland Balta		alls town	13d INSIDE CITY LIMITS?	8510 Alle:	ZIP CODE NSWOOD	Dood	91177
_	ATHER'S NAME	more naria	acis cown	15 MOTHER'S MAIDEN NA		ารพบบน	noaa	21133
		AIDDLE Chif	04	FIRST	MIDDLE	07	LAS	1
60 1	Clarence WAS DECEASED EVER IN U.S. AR	C. Shif	fler	Es the		Clapp		
	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		17 INFORMANT Balt		FID	21229	
	No +	172-0	9-0058	Mrs. Sharon H	<u>lammel 4865</u>	Me1bo	ourne R	
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	y one couse per line for (o), ((b), ond (c).)				BETWEEN (MATE INTERVAL ONSET AND DEATH
		E CAUSE (o)	A					
		DUE TO OBACA CON	CEOUENICE OF					
	Conditions if any bish	DUE TO, OR AS A CON	SEQUENCE OF					
	Conditions, if ony, which gove rise to immediate	(b)						
	couse (o), stating the	DUE TO, OR AS A CON	SEQUENCE OF				I I WAY	
	underlying couse lost	(c)					-	
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	0,
o S								
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES,	WERE FINDIN	4GS USED
H					YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCUR				140 []
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR		(611)6111111111111111111111111111111111			
ğ	(IF EITHER NOTIFY MEDICAL EXAMINER)		19	211 LOCATION		9.55		
MEDICAL		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
Ē	NOT WHITE ALL WORK							
	220.1 certify that the the hospit		from	. 19	10 9/31		906	that (I) (e) lost
	sow the deceosed alive on obove, (1) (1) (1) (1) (1) (1)	9/20	19 06 or	id that in (my) (our) opinion	deoth occurred on the de	ate and hour	ond from the	couses stoted
	226. SIGNATUREV	Trion the deap arter death.		DEGREE			22c DATE	SIĢNED
	V ()			ATTENDING PHYSICIAN D	MEDICAL STAI		1 9/1	yes
	224. PHYSICIAN'S NAME ITYPE OF	PRINT) MTWO IL	sew	27e ADDRESS	DIRECTOR THIS	IAI T		
	7Hattomen	BONN HOUSE	5 13/000	3640 Fords	Lano			
30	BURIAL, CREMATION, REMOVAL	23b DATE	T23, NAME OF C	EMETERY OR CREMATORY	123d LOCATION			
130.	ISPECIFY Burial				CITY OR TOWN	7:1	COUNTY	STATE
	Durvai	9/5/86	Supper	ry Rock Cem.	Ellwood		awrence	
24 F	uneral director Loring 28 Liberty Road	Byers Funera	L Directo	ors, Inc. 250 DAT	E REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	URE
37	28 Liberty Road	Kandallstow	m, MD .	21133	1986		vilian-19	שומפוונב

DHMH - 16 60M 7/84 (VRA 15, 4)



- STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGGENE 5 2 2 5 6 2 CERTIFICATE OF DEATH REG. NO.
1. DECEASED NAME FRST (TYPE OR PRINT) LEVOY	MIDDLE MCCray 20. DATE OF DEATH MONTH DAY YEAR 126 HOUR
3. SEX / 4. RA	S. DATE OF BIRTH MONTH SOLVER 19 6 AGE (IN YEAR SAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. NONTH'S DAYS HOURS MIN.
& country /orida	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED MARRIED MARRIED MIDOWED MARRIED MARRIED MIDOWED MARRIED MARRIED MIDOWED MARRIED MARRI
Dolfmore (NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY) (IF NOT IN SUCH FACILITY)
USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE 136. COUNTY	Balto YES NO 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE St. 2120
14 FATHER'S NAME Edward MIDDL	McCray Bessie McCray Wilson
160 WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WAR	II 244-18-9433 Mrs. Redette Smith - 1410 Hicks St. 10469
18 CÁUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	Tours of a line - Contraction
Conditions, if any, which gave rise to immediate	DUE TO, ORAS A CONSEQUENCE OF A MYDCANDIAL MACUNIAN DUE TO, ORAS A CONSEQUENCE, OF
PART 2 OTHER SIGNIFICANT CONT	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
PART 2 OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIGHT. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
PART 2 OTHER SIGNIFICANT CONE OF THE PART 2 OTHER SIGNIFICANT CONE OTHER SIGNIFICA	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2011 AUTOPSY? 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
PART 2 OTHER SIGNIFICANT CONI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 200 NO 20
PART 2 OTHER SIGNIFICANT CONE PART 3 OTHER SIGNIFICANT CONE PART 4 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE PART 3 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE PART 3 OTHER SIGNIFICANT CONE PART 4 OTHER SIGNIFICANT CONE PART 5 OTHER SIGNIFICANT CONE PART 6 OTHER SIGNIFICANT CONE PART 7 OTHER SIGNIFICANT CONE PART 6 OTHER SIGNIFICANT CONE PART 7 OTHER SIGNIFICANT CONE PART 7 OTHER SIGNIFICANT CONE PART 7 OTHER SIGNIFICANT CONE PART 8 OTHER SIGNIFICANT CONE PART 8 OTHER SIGNIFICANT CONE PART 9 OTHER SIGNIFICANT CONE PART 9 OTHER SIGNIFICANT CONE PART 1 OTHER SIGNIFICANT CONE PART 1 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE PART 1 OTHER SIGNIFICANT CONE PART 1 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE PART 1 OTHER SIGNIFICANT CONE PART 2 OTHER SIGNIFICANT CONE	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 28b. AUTOPSY? YES NO NO NO CERTIFYING CAUSES OF DEATH? YES NO NO NO NOTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY 19 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY 19 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h. TIME OF INJURY IN ITEM 18 PART 1 OR PART 2)
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Marie Carlotte Committee C

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28 DATE OF DEATH MONTH 2b. HOUR KIRK MCDOWELL AUGUST 27. 1986 4 RACE 1 SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BURTHDAY) IF UNDER 1 YEAR HOURS 30 Male White BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore U.S.A. DIVORCED BALTIMORE CITY WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Auto Mechanic BALTIMORE JOHNS HOPKINS HOSFITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

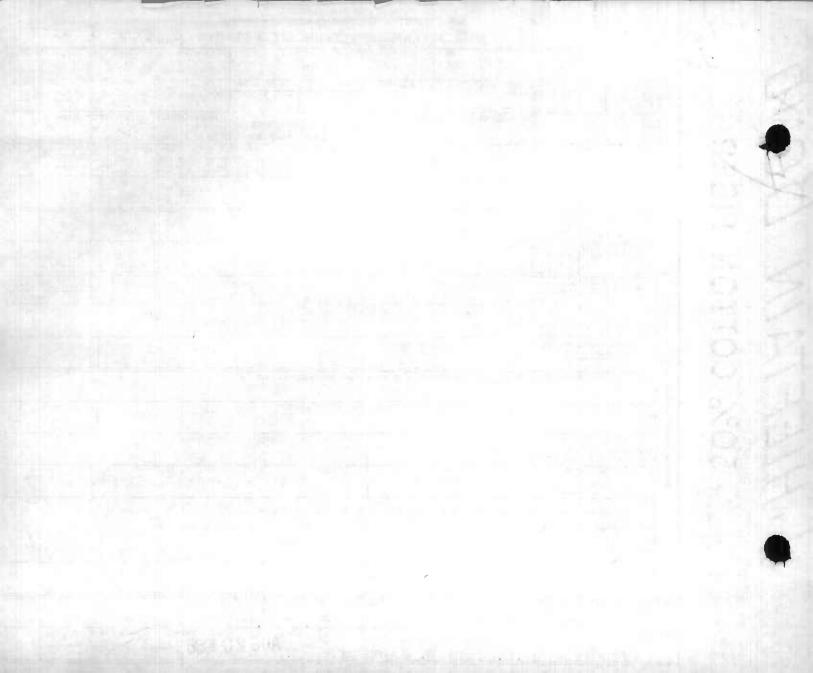
LIC COUNTY

CARTOLL

L'INKS DURG Finksburg \$ 13d. INSIDE CITY LIMITS? 11 38 Ridge Rd. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kathryn Loy Patrick McDowell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 212-26-5314 Mary E. McDowell Finksburg, Md. 21048 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ici. PART I. DEATH WAS CAUSED BY: ARREST 30 minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 30 minutes 6055 \$ co01) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost HEPATIC LOS ECTOMINI. GRIENDET PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq THE DATE OF ERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? METASTATE CANCER NO [7) a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE AGI WHILE 220.1 certify that (1) (this haspital) ottended the deceased from 19 86 and that in(my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR 22c. DATE SIGNED nant. MB.BC 600. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT LA Spermone MAZIZIO 133: Name of CEMETERY OF CREMATORY L'Vergreen Memorial Gardens THE BURIAL, CREMATION, REMOVAL 23d LOCATION CITY OR TOWN Burial 8-30-86 Finksburg On F 2 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Thomas DHMH - 16 60M 7/B4 In he Crenden yardel (VRA 15, 4)

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FUNERAL DIRECTOR FUNERAL DIRECTOR PROPERTY IN THE State Dept ORTANT: If Hem	1	224. PHYSICIAN'S NAME (TYPE OF	RPRINT)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8-115-906
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E S		220.1 certify that (I (this haspital)	attended the deceased from_	0124/ 1986	to	19 6 (we) lost
121		sow the deceased thive on above, (1) (we) (did (did nat) vie		ond that in (my) (our) opinion of	death accurred on the date and hou	and fram the couses stated
hen		226 SIGNATURE 7.78	410	DEGREE		224. DATE SIGNED
IT: If		CYN. 0	Lang, 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0/8/86
STANT:	1	224 PHYSICIAN'S NAME ITYPE OR PRIN	it)	22e ADDRESS	theran Hi	pital
with the St		7. N. LAH	111	Baota	1 of 2131	6
3 8	23a. l	URIAL, CREMATION, REMOVAL 23	DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	5
	17	PECIFY)	5/12/46 6	aprison Forest	CITY OR TOWN	COUNTY MADOUNTA
	24 F	NERAL DIRECTOR	1.2/00		RECD. BY REGISTRAR 25b REGIST	RAR'S SIGNATURE
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STATE OF MARYLAND

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		CEASED NAME FIRST	MIDDLE		LAS	1	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	R
ay be age 3 death	1,	BERN	IARD	W.		McGUIRE	August	19m1986		м
mo)	3 SE	X .	4 RACE		5. DATE OF		6 AGE (INYEARS LAST BE		UNDER I YEAR IF UNDER	
ge 4 mo	1	Male	White		5-2	8-1903	83	YRS	NIHS DAYS HOURS	MIN.
P P P		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	MARRIED.	NEVER MARRIED	BALTIMORE CITY	OR COUNTY O	FDEATH	
		ld.	U.S.A.		WIDOWED		Baltimor			MD.
the furth	10 €	TY OR TOWN OF DEATH	11. NAME OF HOSPI (IF NOT IN SUCH FACIL	TAL, NURSING	G HOME OR	OTHER INSTITUTION	12a USUAL OCCUPAT		126. KIND OF BUSINES	SSOR
de d]	Baltimore	3218 June	eau Pla	ave		Ret. Fire			
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e exect		res, no or unknown) — (if yes, give	WAR OR DATES)-30-29	224	Helen E. McG	ina Sama	90 130		
certificate be ing physician banpapers. P r remaval. ic event, the m		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED IMMEDIATION	y one cause per line to) BY: E CAUSE (o)	C. AL	200 Pc	dunny Mer			APPRÖXIMATE INTER BETWEEN ONSET AND I	VAL
death ce attending ave carb ation, ar r		C4::: 1	DUE TO, OR AS A		1	cust Gail				
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been mit T	¥ ¥	190 DATE OF OPERATION	196 CONDITION	FOR WHICH (OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, V	VERE FINDINGS USED)
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PHYSICIAN. The ending physician this certificate has burial-transit p ad Mental Hygien d or frem 18 shaw	1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU			21c. HOW INJURY OCCUR				,
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National of the transfer of the spiral of the transfer of the for use as the transfer of the other of the transfer of the spiral or the mall is marked them.		saw the deceased plive on abave, (1) (we) (did) (did not	F. 12	19		that in (my) (our) opinian	death accurred an the d	ate and hour a		
OR A biREC DIREC Sched Dept.		226. SIGNATURE	/ C	gearn.	DE	GREE			27c. DATE SIGNED	
		\ v	1 Vin			ATTENDING PHYSICIAN [MEDICAL STA		18:13 K	
SPIT PER SER		22d. PHYSICIANS NAME (TYPE OR	PRINT,		SAST	22e ADDRESS	J J MECTON E TOTAL		10.,4	-
TO HOSPITAL retained by the TO FUNERAL is should be detained in the Store (IMPORTANT: H		Simon V. Sca	alia, M.D.			2900 E. Ba	ltimore St.	A LINE		
D = 1 +3 ≥	23o 8	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF CE	METERY OR CREMATORY	23d. LOCATION		COUNTY SI	TATE
RP		SPECIFY) Burial	8-22-86	H	oly Re	deemer	Balto.	Md.	.CUNIT SI	Alt

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

14 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 2 0 1988 Ham every down Hardelle

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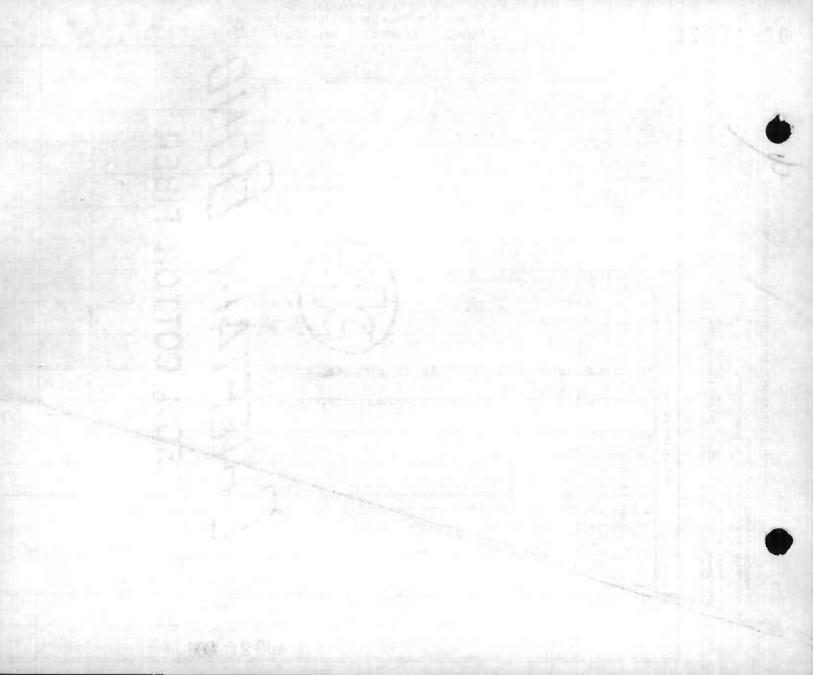
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temperations, Inc. dalkinger, kd.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH 2b HOUR (TYPE OR PRINT) ESTI-Nettie DEATH MATED McIntvre 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS DAY 2d. HOUR DATE MONTH 11 LAST BIRTHDAY) RONOLINCED 12:48 **Black** 9 74 FEmale 17 1986 DEAD Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY U.S.A. Maryland WIDOWED XX DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Domestic 1701 N. Eutaw Street Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21217 | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 22.617 | 1701 | Eutaw Place Apt. 914 Maryland Baltimore 13b. COUNTY 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE Sally Apt. 308 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS Unknown 217-03-0148 755 W. Lexington Street Darnell Walker CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Congestive heart failure MMFDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION Hip fracture 190 DATE OF OPERATION USED / 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PROCE SHOULD BE FORWARDED TO THE CHIEF. TO THE CHIEF SHOULD BE SHOWN OF HE STATE DEPARTMENT OF HE STATE DEPARTMENT OF HE SHITMORE. YES XX NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR Subject apparently fell 8 16 10 86 CONTRIBUTING [XCAUSE OF DEATH 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACJORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK home 1701 N. Eutaw St. Balto. MD 22a I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Accident X Natural causes death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 8/18/86 M.D. Assistant MEDICAL EXAMINER SIGN ATURE EXAMINER'S NAME 111 Penn St. Balto.MD. William M. Zane, M.D. (TYPE OR PRINT) ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE bMuos. BURIAL 8/21/86 Balltimore. Eastview Memorial Park 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 March Funeral Homes 11015 East North Avenue Jum. . . Lived des my soglette (VR A15 ME (5))



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEAR) LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 23 08 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY CANADA BALTIMORE CITY WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IR CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFET BALTIMORE DEATON MEDICAL CENTER CHARITABLE COOK 136 COUNTY BALTIMORE 13d INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 2250 Gable Avenue 21230 MARYLAND 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORM/Baltimore, Mary Tand 21230 Paul Ausherman 2250 Gable Avenue 12 6982 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cance metastases DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ad NO 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) this haspital attended the deceased from and that in (my) our opinian death accurred an the date and hour and from the causes stated view the body after death. DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS D + 230. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Cremation 8/5/86 Catonsville Balto Westview Crematory 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 1. Insiden handes Raymond C. Fink Glen Burnie, Md 21061 (VRA 15, 4)

STATE OF MARYLAND

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	ES. ES.	11116	OR FRINTI		BERN	ARD		F.			MCKEO	WN			ESTI-		8	31 19		1
16	SARY, PLEASE AL DIRECTOR. YOUR FILES. IN 72 HOURS STON STREET,	3. SEX	ALE	4 RAC	E LTE	5 DATE MONTH APR	OF BIRTH		AGE (IN)	TEARS IF U	NDER I YR.	IF UNDER	MIN	2c. DAT PRONOU DEA	INCED	M	NTHON 8	31 ₁	9 86	10:1
6	NERAL PRESTO	0.00	RYLAN			7b CITI	U.S		NTRY?		NED N	EVER MARR	-		more cii timoi	-		OF DE	ATH	M
	PAGE PAGE	/	Baltimore				11. NAME OF HOSPITAL, NURSING (# NOT IN SUCH FACILITY, GIVE STREET ADI 3831 Wilkens Ave				ER INSTITU							OR INDUSTRY FOOD		
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E, MD.	ANH SERVICE STATE	14. FA	THER'S NAME FIRST FELIX			MIDDLE H.		Mok	EOWN			FIRST ANNA	EN NAMI	E	MIDDLE			YO		
NO.	A A A A	16a W	AS DECEASED	DEVER	IN U.S. AR		CES?		CIAL SECUR	TY NO.	17. INFOR		-		ADDR	ESS		10	15	
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	DURS 18. G WIT. P.	1	18 CAUSE O	F DEAT	H (Enter on	ly one co	use per line	e for (a), (b	o), and (c).)		*							APPR	TAMIXO	INTERVAL
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- Somo	DICA. IDICA. ITH AND REMATIC		PART 2 OTHER SH	GNIFICAN	T CONDITIONS	CONTRIBUTI	ING TO DEATH	BUT NOT REL	ATED TO THE TE	RMINAL DISEA	SE OR CONDITI	ON GIVEN IN PA	ART 1 (a)							
1	L CRANE	CERTIFICATION	19a DATE OF	OPER/	ATION	1	9b. CONDI	TION FOR	WHICH OPE	RATION	VAS PERFO	RMED?						20 AU	TOPSY	>
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ONOF	IFICATE TO THE WOULD B ARTMEN	CAL CER	210 EXTERNA UNDERLYING CONTRIBUTION		OR		1b. TIME O HOUR A.A P.A	A. MONTH	DAY YEA	AR 21c. H	IOW INJUR	Y OCCURRE	ED LENTER	NATURE OF I	NJURY IN ITE	M 18 PART	1 OR PART	[2]		
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	ICATE, TORE PARTIEST. THE ST. AND, 2		22a certif	fy that	I taak charg				ave, held an		1	Inspectio		Inquiry		and in	т ту ары	nion		
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	AL EN WHE CONTROL OF THE CONTROL OF		ACTUAL SIGNATURE_	/	1/2	ea	3	1		/		istan	t_MED	OICAL EXA	MINER		DATE	9-1	.–86	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE S; P BALTIMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRIN	NAME VT)	Will	iam	M. Za	ine, l	M.D.		_ADDRESS.	111	Peni	n St.	, Ba	lto.	, M	D 2	120	1
1	BATCA	23a.BU	RIAL, CREMA	TION, R					NAME OF C					OCATION OR TOWN			COUNT			ATE
07/B4 25M	BP 0-58	74 FI	BURIA INERAL DIREC			EPT	.4,	86 M	ARYLA	ND 7	ETER		CF	ROWNS Y REGISTR	AR ISSE	LE,	MA	RYL	AND)
	DHMH - 17		TTAM		TOHN	USON	8521	TOO	T DAT	ווים ז	DT 17Th			1000		K		70		

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGINNE (2)	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUINE 6 2 2 5 9 3									
1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. NO.									
00 - 733 91. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF E	DEATH MONTH DAY YEAR 26. HOUR									
Alton McLaurin	08 29 86 10 29 20									
Male Black OI 10 10	RS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.									
SOUTH CAROLINA USA WIDOWED DIVORCED BA	HIMORE CITY MD.									
BALTIMORE SINAL HOSPITAL MACHI	OR MOST OF WORKING LIFE) INDUSTRY NE OPERATAL BETHLEHEM STEE									
Ma Baltimore YES NO 13700.	Beehler Ave 21215									
THE FATHER'S NAME II. FATHER'S NAME LAST LONG III. FATHER'S NAME FIRST FI	MC LAURIN									
1/45 NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	1470 QC 11215									
NO 236-01-8627 Mes. Jessie G. Mc Laud	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable acuse myocardial in Fau	ction Between ONSE! AND DEATH									
DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if ony, which gave rise to immediate										
couse (a), stating the underlying cause last.										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	DR CONDITION GIVEN IN PART 110									
Muti-intarct dementia, Parkinson's Diseas, prior CVA	Too It was with the same of th									
AES L	IN CERTIFYING CAUSES OF DEATH? YES NO NO									
216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR OF INJURY OCCURRED (ENTER NATURE) P.M. 19 216. INJURY OCCURRED (ENTER NATURE) P.M. 19	RE OF INJURY IN ITEM 18 PART I OR PART 2)									
ON CONTRIBUTING CALESAMINER) ON CONTRIBUTING CALESAMINER ON CONTRIBUTING CALESAMINER) ON CONTRIBUTING CALESAMINER	CITY OR TOWN COUNTY STATE									
AT WORK AT WORK 220.1 certify tho (1) (this hospital) attended the deceased from 19.86, to	8/29 19 86 , that (D(we) last									
12 - R 3 - N	on the date and hour and from the causes stated									
22b. S CNATURE DEGREE	STAFF PHYSICIAN RL 8/29/86									
ATTENDING MEDICAL Spring of the folding of the fol										
236 BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCAT										
(SPECIFY) CREMATION, REMOVAL 738. DATE	TOWN COUNTY STATE									
BPBURIAL SEPT. 36,1986 ARBUTUS MEMORIAL PAUL										

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

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STATE OF MARTEMAN	
PARTMENT OF HEALTH AND MENTAL I	TYGIENE
CEDTIEIC ATE OF DEATH	

22594

REGISTRAR			CERTIF	ICATE OF	DEATH	REG. I	NO.					
I. DECEASED NAME	FIRST	MIDDLE	-	LAST		20 DATE OF DEATH		AY YEAR	2b HOUR			
(TYPE OR PRINT)	John	Andrew	McN	Mullen	Sr.	August	17,	1986	7:25p	м		
SEX		4 RACE	5 DATE C		YEAR	6 AGE (IN YEARS LAST B		FUNDER I YEAR	IF UNDER 24 H	MRS MIN.		
Male		White	Nov.	. 25 19	901	84	YRS	DATS	HOURS N	114.		
BIRTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? B.	NEVED	MARRIED -	9 BALTIMORE CITY	_	OF DEATH	167			
Md.		U.S.A.	WIDOWE		NORCED	Baltimore	City			MD		
CITY OR TOWN OF		11. NAME OF HOSPITAL, NUR LIF NOT INSUCH FACILITY, GIVE STR	SING HOME C	OR OTHER INS	MOITUTION	120 USUAL OCCUPA	TION OF WORKING LIFE	12b. KIND C	F BUSINESS	ກິ່ງ		
Baltimore		Maryland Gene		spital		Guard			vdock			
SUAL RESIDENCE (#)	NURSING HOME OR		NWC	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE			9		
Md.		Baltimo	re	YESX	NO 🗌	4020 Rayn	onn Av	e. 21	213			
FATHER'S NAME		MIDDLE LAST		15. MOTHER	S MAIDEN NAM	MIDDLE		LAS	,ī			
John	Her				Martha	G.		Boyles				
WAS DECEASED ET		WED FORCES? 166 SOCIAL SE 212-07-		17 INFORM		len (wife)		ddraee				
no				IVACIL	I Manail	real (ware)	Suite a		MATE INTERVAL			
PART I. DE AT	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: METASTATIC LUNG CARCINOMA											
100	IMMEDIATE CAUSE (a) TIETASTATTO EDITO GARCETROTIA											
G 100 11	DUE TO, OR AS A CONSEQUENCE OF											
Conditions, if a	immediate	(b)	20.803							_		
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PART 2. OTHER S	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
190 DATE OF OPE	ERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	WERE FINDINGS USED					
						YES NOXX		IN CERTIFYING CAUSES OF DEATH? YES NO NO				
OR COLUMNICATION	_	10 PLANT TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW II	NJURY OCCURR	RED (ENTER NATURE OF IN.	URY IN ITEM 18 PA	RT (OR PART 2)				
(IF EITHER NOTIFY		115	19									
14 EITHER NOTIFY		21e PLACE OF INJURY	CE. FARM. ETC.)	211 LOCAT	ION	CITY OR I	OWN	COUNTY	STAT	E		
AT WORK AT	WHILE WORK											
220 I certify that	t X) (this hospit	al) attended the deceased from		13,	1986_			9_86				
	saw the deceased alive on the date and hour a oboxin (wented) (data for view the body after death.											
22b. SIGNATURE	00	11		DEGREE	ATTENDING	MEDICAL ST	AFF	220 DATE	SIGNED	,		
22d. PHYSICIAN'S	Chu-	Huang Ches	~ .//	1220 ADDRE	PHYSICIAN [DIRECTOR PHYS		18/1	0/16			
cnu-r	nuaney (ey Chen, M.D. c/o Maryland General Hospital										

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE Burial 8/20/86

c/o Maryland General 731 NAME OF CEMETERY OR CREMATORY Oak Lawn

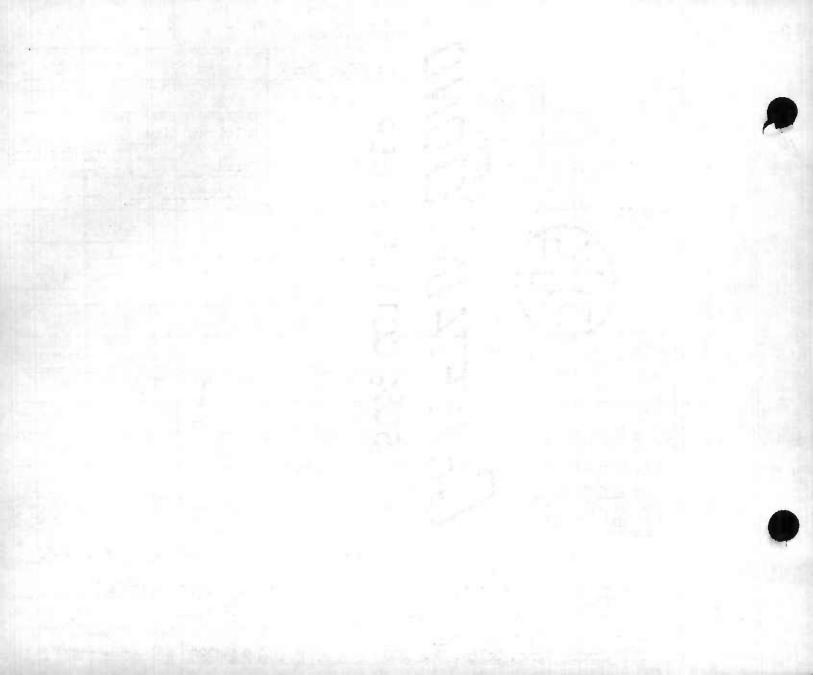
Baltimore

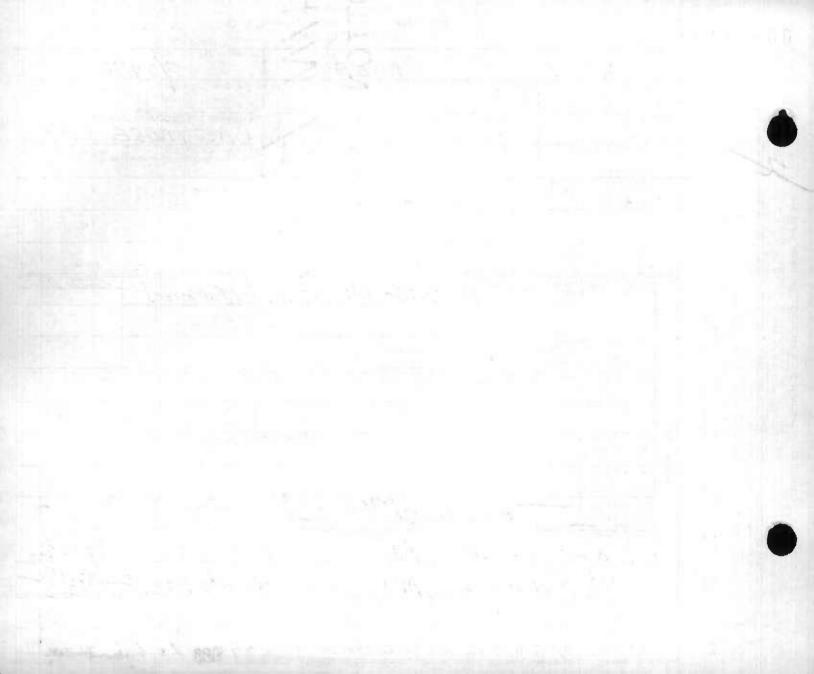
Md.

STATE

^{24 FUNERAL DIRECTOR}
Schimunek Funeral Home, Inc., 3331 Brehms Lane, Balto. Md. 21213

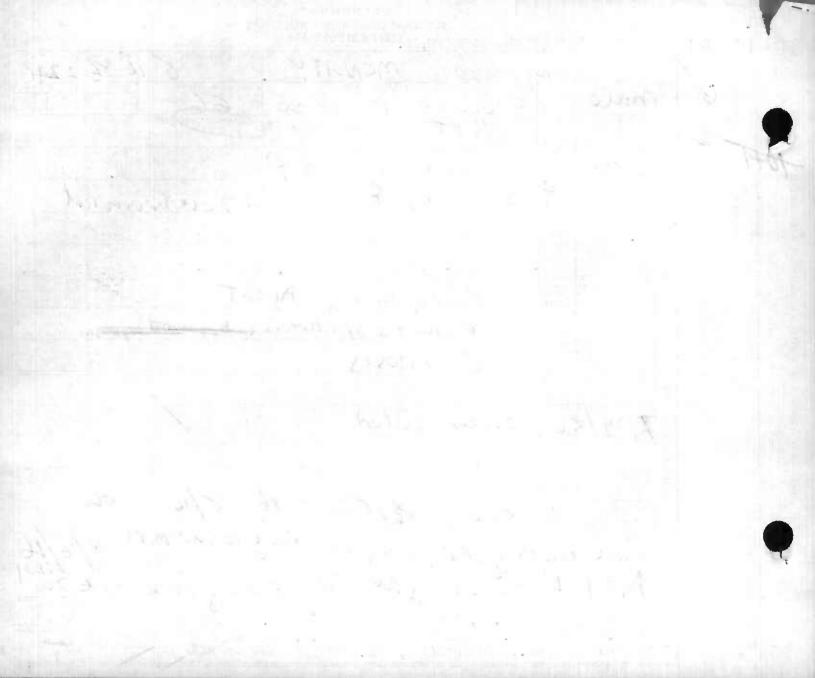
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Jam. Davidon Hondara





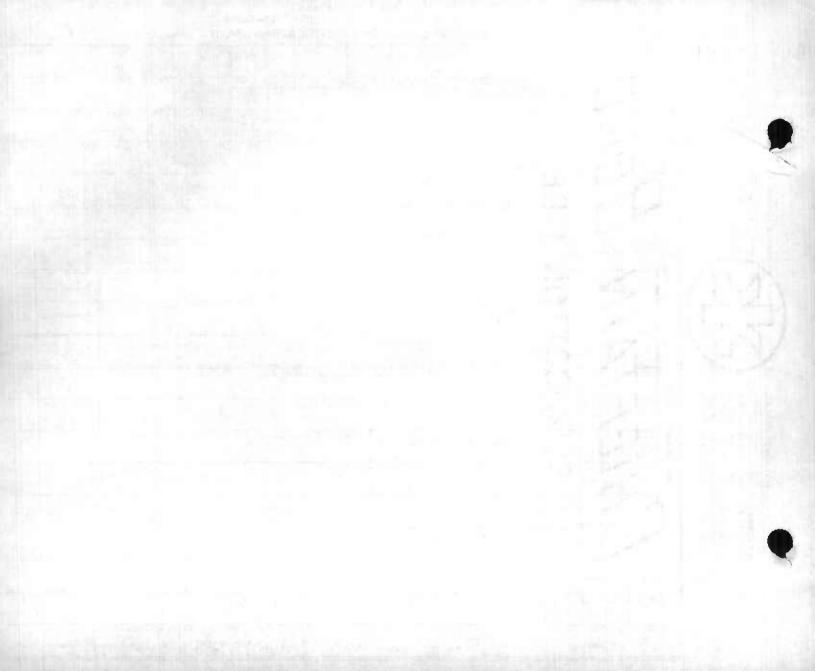
(VRA 15, 4)

STATE OF MARYLAND

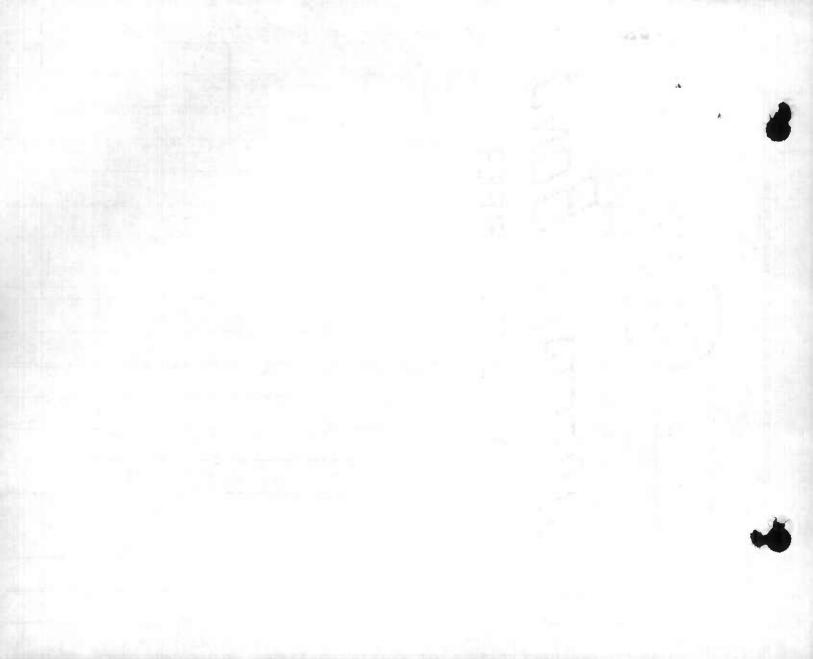


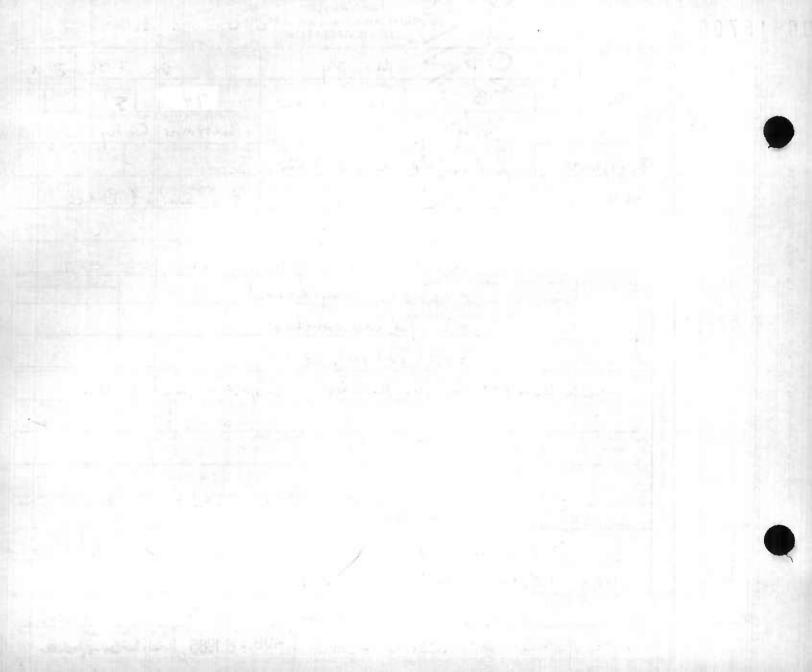
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWN X WONTH 26 HOUR a DATE (TYPE OR PRINT) ESTI-E. HOURS HOURS DEATH MATED Marquerite Mealv 10/19 86 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED black 1930 female 86 a M 10/19 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED US Baltimore City, WIDOWED DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING IFE YED 835 Seagull Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 835 Seagull Avenue 21225 3a STATE Baltimore YES A NO T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Spicer Sadie Brooks John 166 SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 217-24-3019 Lorraine Lifsey 2815 Presstman Street 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A CERTIFICATION Chronic Alcoholism 19a, DATE OF OPERATION THE CHIEF A ULD BE USED TMENT OF HE TO BURIAL, USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR DEPARTA PRIOR 1 CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR, PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a. I certify that I took charge of the remains described above, held on Inspection Inquiry ond in my opinion Notural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 8/10/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY ST Md Md Veteran Cemetery Crownsville 8/15/85 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Home West 4300 Wabash Avenue was Daydon- Handale (VR A15 ME (5))

STATE OF MARYLAND



7/	Ite	ems, I		21b,21c	, 21d, 21es				GIENE	-71			
00-16256	1-	STATE 2 1 f	, & 22a, 1 UNKNOWN	0/21/00	DICAL EXAM	INER'S	CERTIFIC		DEATH	REG. NO.	2 5	9 8	}
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E1.85.8.8.8.	1 "	PE OR PRINT)	Pamel	a	Celestine		Mealy		OF DEATH /	AATED X	9/ 7	9/9 86	M
PECTO FELL STRE	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (I		NDER 1 YR.	IF UNDER 2	4 HRS. 2c. DATE	ED	MONTH	NAY YEAR	26 HOUR 28:28
DIR. ON 272	1	emale	black	5 15	1960 26	YRS.		HOURS	DEAD			1/19 86	a M
PESS PESS		RTHPLACE (S		76. CITIZEN OF W	HAT COUNTRY?		RIED NE		D A I	RE CITY OR		OF DEATH	
S NEGESSARY, PLEASE E FUNERAL DIRECTOR E 5, FOR YOUR FILES. ED, WITHIN 72 HOURS W PRESTON STREET,	10 0	ITY OR TOWN	Md OF DEATH	U S A	SPITAL NURSING HO	WIDO		DIVORCE	120 USUAL OCCUPA	imore		KIND OF BUS	MD.
J SERGER		Balti		(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADDRE	SS)		11014	FOR MOST OF WORKI	NG LIFE)	P WORK 128	OR INDUSTR	
3 TO THE PROPERTY OF THE PROPE		AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, G	FULTON AV	ISSION)	ear)		Unemploy				
BALTIMORE, MD, 21201 URS AFTER DEATH, 1E ANY DELAY IS TO THE FEW WITH FORM PM. 3. RETAIN PAGE 5. 1. PAGES I AND 2 SHOULD BE-RILED, DIVISION OF VITAL RECORDS, 201 WHO SHOULD BE-RILED.	130. 5	Md Md	13b COUP	VTY	Baltimor	9	13d. INSIDE CI	NO [3e STREET ADDRES 2304 An	s oka Av	enue	21215	
MD X 3.		ATHER'S NAMI		MIDDLE	LASY		15 MOTHE	R'S MAIDEN			CHUC	LAST	
AA PA P	4	lalter		MIDDLE .	Mealy			rence	Mile	٧.	C	olston	
BALTIMORE SS AFTER DEA GIVE PAGES I'TH FORM P PAGES I AN	160	WAS DECEASE	D EVER IN U.S. AR	MED FORCES? E WAR OR DATES	166. SOCIAL SECU		17. INFORA			ADDRESS			
S AF GIVISI					220-74-1	268	Heler	n Meal	y 1120 My	rtle A	venue		
ST. B. ST. B. COURS A 18. G WIT PAURS		18 CAUSE C	ATH WAS CAUSE	D BY:	for (a), (b), and (c).) Intraver	00116	Naveo	tiom				APPROXIMATE BETWEEN ONSET	AND DEATH
24 to 100 lines of	1	1497	IMMEDIA	TE CAUSE (a)	AS A CONSEQUEN		Naico	CISIII					
PRESTON ST ITHIN 24 HOL CIL IN ITEM 11 VER ALONG ANNIT PERMIT AL HYGIENE, REMOVAL.			ns, if any, which								1		
201 W. I	N		stating the under		AS A CONSEQUEN	CE OF							200
EXALEXION ON NO.				(c)									
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI STRING THE WORD "FENDING" IN PENCIL IN ITEM 11 RDED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL - TRANSIT PREMI E DEPRYMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	FERMINAL DISEA	SE DR CONDITION	N GIVEN IN PART	T (a).				
MEC D ASS	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	196. CONDI	TION FOR WHICH O	PERATION V	VAS PERFOR	MED?			12	0 AUTOPSY?	
SHOU ORD " CHIEF BEUSE STOFF	TIFIC	R		. 138								YES CX	NO 🗆
OF V	E E		AL CAUSE WAS	21b. TIME O		EAR 21c. H	IOW INJURY	OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT 1 OR PART 2)		
IN TO THOU ARTIN	CAL	CONTRIBUTI	S XXORPTI NG CAUSE OF	DEATH P.A	. 8 21 19	86		ct us	ed drug	S		-35	
CER CER DED DED DED PR	MED	21d INJURY (STREET FAC	OF INJURY (AT HOME TORY, FARM, ETC.)		STREET		CITY OR TOW	(rear) COUNTY	- 100	STATE
DIN THIS C WRITE WARDE PAGE 31 21201		AT WORK	NOT WHILE	Stre	eet	13		Fult	on Aven	ue Ba	Ito.	, City	,Md.
NO. P.		22s 1 cert	7 72	1 0	scribed abave, held a	n Autos	1	Inspection	, Inquiry	, and	in my apinio	in	
RIFE OF BE		death result	ed Iram: Natu	not couses .	Acciden .	Suicide		ide	Undetermined man	ner K.X			
A WAY		ACTUAL SIGNATURE			V		TITLE (S		MEDICAL EXAMI	le D	DATE SIGNED.	8/21/	86
NA STATE	1	4 050					1.0. 1200	2000110	- MEDICAL EXAMI	VER	SIGNED	0/21./	
TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE!		EXAMINER'S (TYPE OR PRI	NT)Gre		auffman, M		ADDRESS_	111	Penn St.				
1-1	23a. E		ation		23c. NAME OF				23d. LOCATION CITY OR TOWN	11.	COUNTY	STA	TE
07/B4 BP	24 F	UNERAL DIREC		8/25/86	Westvi	ew Men			Catonsvi		RAR'S SIGN	MATURE	<u>a</u>
DHMH 17				ome West	4300 Waba	sh Ave			26 1986			19	





STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT! 86 100 DOROTHY 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER ! YEAR IF UNDER 24 HRS MONTH DAY YEAR 83 03 YRS Female To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED COUNTRY Kentucky WIDOWED DIVORCED [BALTIMORE 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR IE NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL Teacher USUAL RESIDENCE (IE NURSING HOME OF DITHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Balto. 2103 West Chester Ave. 21228 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE Estel. Curtis Ethel 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 220-30-2039 Mr. Andrew Melby Same as #!3 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ardio IMMEDIATE CAUSE (b) Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION prior 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NO YES T NO [transit il Hygie 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 6 MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ö (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN COUNTY NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from. 10 66 19 86 , and that in (Pry Dour) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on ... 725 SIGNATUR DEGREE ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN Y 22e ADDRESS UNION MEMORIAL HOSPITAL 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OF TOWN COUNTY STATE 9-1-86 Remova] 24 FUNERAL DIRECTOR

ADDRESS

Balto., Md.

Anatomy Board

DHMH - 16 60M 7/B4 (VRA 15, 4)

de Allega de Carriera de La Maria

and the many the title

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL

BURTAL

24 FUNERAL DIRECTOR

F.H.1630 EDMONDSON AVE.BALTO.21228

230 NAME OF CEMETERY OR CREMATOR

CATHEDRAL

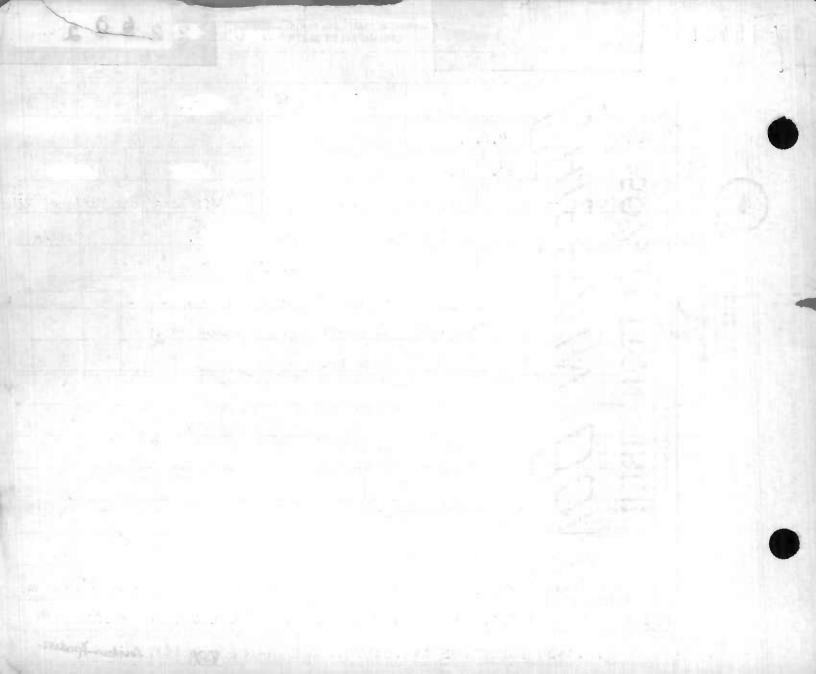
NEW

23b DATE

8/12/86

8 ALIC 15 1006 HAIL Lavidon Roman

	REG. NO		0	101		9	
	20 DATE OF DEATH MONTH	8 DA	1 7	86	2b. HOU	JR ¬G	
	. 8-	1	- }	00	2:	PM	
	6. AGE (IN YEARS LAST BIRTHDAY)		UNDER	DAYS	HOURS	MIN.	
	BALTIMORE CITY OR COL		F DEA	TH			-
	BALTO	, C	TI	1		MD	
	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	ING LIFE)	INDU		BUSIN	ESS OR	
	13e.STREET ADDRESS / ZIP C 6422 Balt	code Limo)			iona	212 & Pi	2 k
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Y	(22 WKS gest	F)					
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RMI	NAL DISEASE OR CONDITION	4 GIVEN	V IN PA	ART 110			
-	20a AUTOPSY? [20b.]	F YES.	WERE I	FINDIN	GS USE	D	-
		ERTIFYI YES	NG CA	AUSES	OF DEA	TH?	
URR	ED (ENTER NATURE OF INJURY IN ITE		TIORP	ART 2)			-
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on d	leath accurred on the date and	d hour o	and Iro	m the o	ouses st	ated	
; 	MEDICAL STAFF DIRECTOR PHYSICIAN	X	226.	DATES	IGNED		
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Y	BALTIMORE	, N	D.	212	29	STATE	



BP______ DHMH - 16 50M 4/83 (VRA 15, 4)

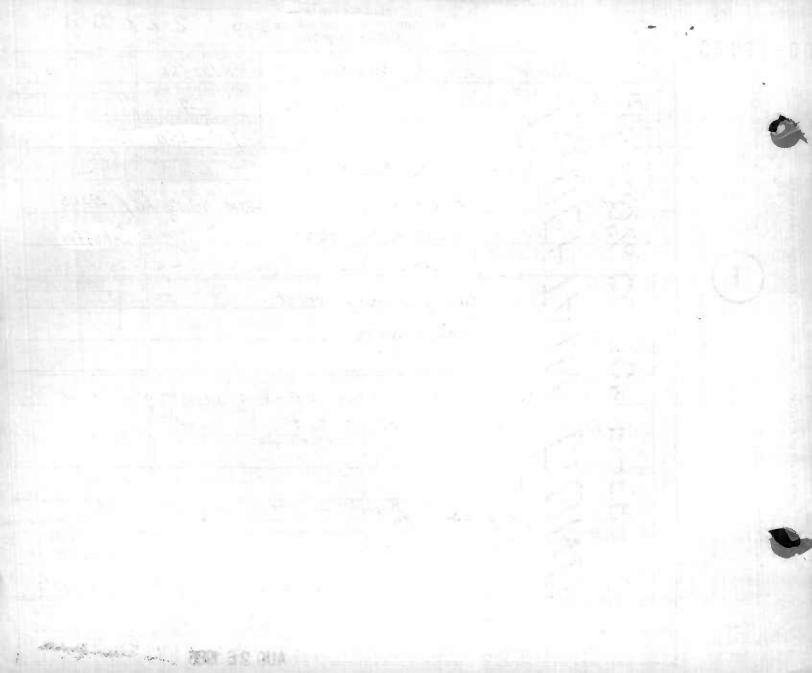
funeral director, p

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HEGIENE

22603

	1-	STATE REGISTRAR	DEF	CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME EIRST	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH D		HOUR
	1,	Marilyn	Anne	M	ETZ	Aug		3,1986	150 pm
	3 SEX		RACE	5. DATE C		6 AGE (IN YEARS LAST BE	THDAY	W CHIPER I IEAR W	UNDER 24 HRS
		Female	C White	3	- 13 - 36	5	O YRS.	DATS THE	JONS MIN.
1	76 BJF		CITIZEN OF WHAT COUNT	TRY? 8.	NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
	1	N.C.	USA	WIDOWE		Baltimo	ore (lity	MD.
1	10 CI	TY OR TOWN OF DEATH	1 NAME OF HOSPITAL, NU	IRSING HOME C		120 USUAL OCCUPAT	ION	12b. KIND OF BI	
4		Balto.	HOS HOS	pital		Proof Read	er er	Waverly	Press
7	USUA	AL RESIDENCE UF NURSING HOME OF O	THER INSTITUTION GIVE RESIDENCE B	SEFORE ADMISSION)					11688
2		aruano Balto			13d. INSIDE CITY LIMITS?	12 Treewo	Vonder.	Apt 3C	21204
7	-	THER'S NAME		1,0.0	15. MOTHER'S MAIDEN N.	AME	40		
И	1	Charles	IDDLE LAST		Henrietta	MIDDLE		Young	
ì		VAS DECEASED EVER IN U.S. ARM	W. James SED FORCES? 166 SOCIALS	4-2176	17. INFORMANT	ADDR		1008	
-	(1	(1E YES, GIVE	WAR OR DATES) 215-3	4-21/6	Frank J. Me	etz , Same a	s 13e		
ı		18. CAUSE OF DEATH (Enter only	one cause per lipe for (a), (b), and (c).1	1	1		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
ı		PART I. DEATH WAS CAUSED IMMEDIATE		oailm	mary Arres	1		umn	rdiati
1				FOUFNIE OF)			= 7	0
1		Conditions, if any, which	DUE TO, OR AS A CONS	ced-1	upper			3	d
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSI	EQUENCE OF	th Eud stag	e liver failu	re	30	kars
1		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVI	EN IN PART 11a	
1	S S	Sepsis							
1	CERTIFICATION	190 DATE OF OPERATION	-196 CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDINGS YING CAUSES OF	DEATH?
d	183	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21t HOW INJURY OCCU				.0 []
	FE T	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY		211 LOCATION				
1	×	NOT WHILE	(AT HOME STREET FACTORY, OF	FICE, EARM ETC }	STREET	CITY OR TO)WN	COUNTY	STATE
1			d) attended the deceased fr	om July 2	3 19 86	to Augus	13	19.86 the	t (l) (we) last
		220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	August 3	19 86 , an	d that in (my) (and) opinior	death occurred on the d	ate and hour	r and from the cou	ses stated
		22b. SIGNATURE	21 .1		DEGREE			22c DATE SIG	NED
1		Sheila U.	Stalker		MD ATTENDING	MEDICAL STA		8-3	-86
		Sheila A. W	alker		3502 W. Boo	ers Avenue,	Bultin	nou, Us a	21215
	23a. B	URIAL, CREMATION, REMOVAL	23b DATE	231 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(:	SPECIFY) Burial	8-7-86		ey Valley	Cockeys	ville	Balto.	Md.
	24 FU	INERAL DIRECTOR				TE REC'D. BY REGISTRAR	266 REGISTE	RAR'S SIGNATURE	
	R	uck Towson Funer	ral Home Inc	200	York Rd. AU	IG 6 1986 7	whia Da	vidson-Aand	المالات
- 1	1/	der Townout Latte	Lar Home, The	· LUJU	CAR IVA				

The state of the s Baltimore, C.L. •••



Aug. 12. 1986

Leonard J. Ruck Inc. Baltimore, Maryland

Holy Cross

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HELENE

Nagle

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

Md.

224. DATE SIGNER

Brooklyn

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

TEMS: 18pt1, pt2, 21a-f per ME G-662

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYPENE 6
CERTIFICATE OF DEATH

22606

REG. NO.

I		CEASED NAME FIRST	MIDDLE	1	LAST	20	DATE OF DEATH	MONTH DA	Y YEAR	26 HOU	RO
١		yella		N	leyers		0	8-14	1-84		M
	3. SEX		RACE	S. DATE C	DAY YEAR		AGE (IN YEARS LAST BIRT	_	ONTHS DAYS	HOURS	24 HRS MIN.
3		1-EMALE	White	01	25 XXX		88 x/xx 48	TRJ.			
ä		OUNTRY) .	CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED		BALTIMORE CITY OF				
1	10 CT	TY OR TOWN OF DEATH	RUSS (A	WIDOWE		W	BALTIMOR		126 KIND O	DUIC NUC	MD.
3	D	11 MORIOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	Al-		TYPE OF WORK FOR MOST OF	WORKING LIFE	INDUSTRY		
	USUA	AL RESIDENCE (IF NURSING HOMBOR C	LEVINGALE HELD	Kew /	V59		SEAMSTRE	22	СТО	THIN	<u></u>
	13a. S	MARYLAND COUNT	13¢. CITY OR TOW BALTIMOR	N	13d INSIDE CITY LIMIT		STREET ADDRESS / 3540 VIRGI		Æ. 21	215	
9	14 FA	THER'S NAME	IDDLE LAST	1.5	15 MOTHER'S MAIDE	NNAME	WIDDLE		1.45		
1		JOSEPH	LEVY		LILL	IAN	WIDDLE		FLE	ISCH	ER
		VAS DECEASED EVER IN U.S. ARM	WAR OR DATES)		17 INFORMANT	MRS	. CHARLOTT	E DUE			
컮	N		213-03-	-4899	2530 FARR	INGD	ON RD. BAL	10., N		209	
-		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	y ane couse per line far (a), (b), and	d (c-1)	1 /	. 7			BETWEEN	MATE INTER	DEATH
è		IMMEDIATE	1 0.1/10	3714	e hear	1	-pail UN	15	1/1	W.	
			DUE TO, OR AS A CONSEQUE	NCE OF	A 10	. 1				1.	
à		Conditions, if ony, which gave rise to immediate	(b) Stevens	de	ANE MI	114	-		160	700	
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF							
a		BART 2 OTHER SIGNIFICANT CO	(c)ONDITIONS CONTRIBUTING TO (DE ATU BUT	NOT BELLIED TO THE	Yenashi	AL DISSASS OR COVE	VIIION ONE	1010407		
4	2	PART 2 OTHER SIGNIFICANT CO	SNUTTONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	IERMIN	AL DISEASE OR CONL	IIION GIVE	N IN PART TIC		
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		WERE FINDIN		
4	TIFIC	CAN THE PARTY OF T	COLOR HISTORY				YES NO	IN CERTIFY YES	ING CAUSES	OF DEATI	
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VEAR	21c. HOW INJURY OC	CCURRED	(ENTER NATURE OF INJUR	IN ITEM 18 PAR	RT 1 OR PART 2]		
	CAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	19	STATISTICS.						
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	ADAR ETC I	21f LOCATION		CITY OR TO	VN	COUNTY	5'	TATE
1	2	AT WORK AT WORK	TAT HOME STREET, FACTORY, OFFICE F	ARM EIC	1 22 1	01			0.1		
		220 I certify that (I) (this haspite	al) attended the deceased fram_	4 5	1-67,196	20	, to 8 -	14.1		that (I) (v	
d		sow the deceased alive on abave, (I) (we) (did) (did nati	view the body after death		nd that in (my) (our) op	inian dec	ath accurred on the do	te and haur	and from the	causes sta	ated
1		27b. SIGNATURE	11111		DEGREE ATTENDI	NG.	MEDICAL STAF		22c. DATE	SIGNED	01
		C/ 001	VVI 8 W		PHYSICIA	AN [DIRECTOR PHYSIC	AN 🗌	10	-19.	06
		276 PHYSICIAN'S NAME (TYPE OR	LIWIN .	.0	27e ADDRESS	inda	Coint	57/	1/5	ALC	-0
-	-	p. m	W /	w	CEVEND	11110	SVIAII		11 2	121	5
	730 B		AUG.15,1986 V	WORKMI	EN CIRCLE	ORY	BALTIMOR	E	COUNTY MAR	YLAN	D
		THE DIMECTOR	L LEVINSON & BROWN		21215	DATER	EC'D. BY REGISTRAR				7 1
		6010 REISTERSTO	WN RD BALTO.	עניו י	21213	ALIO	0 0 4000	S. Ans	ida - No	Market !	

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) Michno Essie 86 1. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YEAR MONTH YEAR Female White 23 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED U.S.A. Baltimore City IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bal to Agnes Hospital Housewife 13e.STREET ADDRESS / ZIP CODE Balto. Md. 1136 COUNTY 13c CITY OR TOWN 13d INSIDECITY LIMITS? 1120 Courtney Rd. #21227 Balto. Μd **EATHER'S NAME** 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Hall Doc Johnson Rebecca 1120 Courthey Rd .- Balto . , Md . WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Michno #21227 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate cause ta, stating the underlying couse last. CONDITION GIVEN IN PART ITO 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTQ 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) SIREET NOT WHILE 220 I certify that (I) (this haspital) attended saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and have and from the causes stated 17h SIGNAT DEGREE ATTENDING DIRECTOR PHYSICIAN 224 PHYSICI 27e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236. DATE (SPECIFY: COUNTY STATE 9-2-86 Loudon Park Cemetery Balto. Md 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3512 Frederick Ave. Schwab DHMH - 16 60M 7/84 na verydronitandello (VRA 15, 4) Balto. Md. #21229

Talto. It. Sales to the star of the star o

oc Farmor ebesus 1120 Cauriney Rd.-Relito..Nd.
2 Namo Millson F21227

1

the funeral director, page 3 and within 72 hours after death

ely filled in by should be file

STATE OF MARYLAND		D	AND	YL	AR'	M	OF	TE	A	ST	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 _{REG. NO}	2	2	6	0	
DATE OF DEATH M	HINON	DAY	YEAR	26 HC)I

FOR STATE REGISTRAR		DE	PARTMENT OF H	FICATE OF DEATH	HYGIENE 8	6 _{REG. NO.}	2	26	0	8
1. DECEASED NAME	FIRST	MIDDLE		LAST	2a. DATI	OF DEATH M	ONTH	DAY YEAR	2b. HC	1 more
	ina	G.	M	ILICH		40	8	8 88	10	45 A N
3. SEX	4 RACE		5. DATE C		6 AGE	IN YEARS LAST BIRTH		IF UNDER 1 YE		ER 24 HRS
Female	Wh	ite	Aug		1	7	YRS	MONTHS DAT	HOURS	MIN,
7a. BIRTHPLACE (STATE ORFICOUNTRY) Yugoslavia	DREIGN 76 CITIZEN	OF WHAT COU	MARRIE WIDOWE		7	timore		Y OF DEATH		M
10 CITY OR TOWN OF DEA Baltimore	TH 11. NAME	OF HOSPITAL, N	E STREET ADDRESS)	OR OTHER INSTITUTION	12a USU	AL OCCUPATION WORK FOR MOST OF	N WORKING LI	(FE) INDUST	of Busin	
USUAL RESIDENCE (# NURSI		TION, GIVE RESIDENCE	CE BEFORE ADMISSION)						TOL S	HOD
Maryland 14 FATHER'S NAME	13b. COUNTY		imore	13d. INSIDE CITY LIMIT YES NO 15 MOTHER'S MAIDER	329	S. Wood			et, 2	1223
John ,	WIDDLE	Glo	AST COX	Yelana		MIDDLE			LAST	
160 WAS DECEASED EVER	N U.S. ARMED FORCE		L SECURITY NO.	17 INFORMANT		ADDRES	S	UN	KNOWN	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DAT	ES)	20-8956	Donna Cani	naday,	315 S. V	voody	year St	treet	
underlying cause PART 2 OTHER SIGN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								lía	
<u> </u>	none									
190. DATE OF OPERAT	19b. CC	ONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a A	UTOPSY?	IN CERTI	S, WERE FIN IFYING CAUS ES	DINGS US SES OF DE NO	ATH?
OD CONTRIBUTION C	AUSE OF DEATH HOU	AE OF INJURY R A.M. MONT P.M.	TH DAY YEAR	21c. HOW INJURY OC	CURRED (ENT	R NATURE OF INJURY	IN ITEM 18	PART I OR PART	?)	
{IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK NOT WH	(AT HOA	ACE OF INJURY NE. STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N	COUNTY		STATE
22a.1 certify that (1)	this hospital) ottende	d the deceosed	from	.5.86 19_	88 , to_	88		19 63	_, that (1)	(we) la
	d (did not) view the b	8 ody ofter death		nd that in (my) (our) opi	inian death occ	urred on the dat	e and ha	ur and fram t	he couses	stoted
27h SIGNATURE	ande	w		DEGREE ATTENDIN PHYSICIA		AL STAFF	AN D	22¢ DA	TE SIGNE	D
22d. PHYSICIAN'S NA	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS							Bul	f M	21
230 BURIAL, CREMATION, I	EMOVAL 236 DAT		23c NAME OF C	EMETERY OR CREMATO	ORY 23d. LO	OCATION CITY OR TOWN				
Buria	1 8	/11/86	Loudon	Park Cemete	ery Ba	ltimore		Ma	aryla	nd
24 FUNERAL DIRECTOR						BY REGISTRAR &	b REGIS			

DHMH - 16 60M 7/84 (VRA 15, 4)

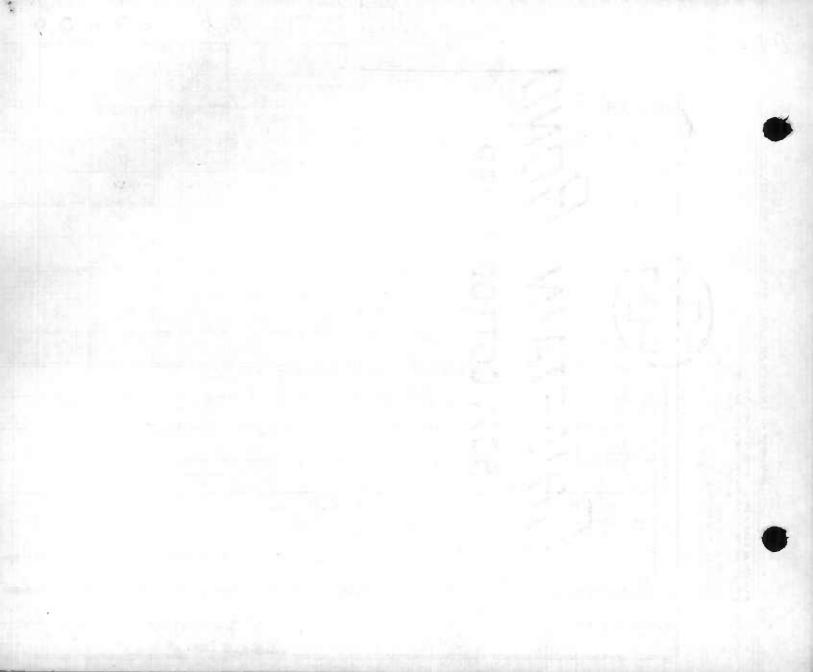
BP

MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to be TO FUNERAL DIRECTOR. After this certificate hos

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

isvia Davidson-Mandelle

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0 1	1 777	1-		/86 I.J		DICAL EXAMIN		RTIFICATEC	EDEATIO	2 2 C	6 0	9
01	6775		CEASED NAME	FIRST A	rleatha Mil	MIDDLE	LAS	37	20. DATE KNOV	NN M MONTH	DAY YEA	R 2b HOU
	FINE NECESSARY, PLEASE HE FUNERAL DIRECTOR. GE 5 FOR YOUR FILES. NIED, WITHIN 72 HOURS DIMERSHIP STREET.	(146		ARTEAT		MILL	FR		OF ESTI	ED]	06 19	
	A STEEP	3 SEX			DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHE	EARS IF UNDE			MOTHER	86 IV	AR 24 HOU
	DIRE OUR ON S	fe	emale bl	ack	6 23	1918 68 v		DAYS HOURS	MIN PRONOUNCED DEAD	8-26-	86 19	\$:13
-	RAL RAL MIHIN		RTHPLACE (STATE OR REIGN COUNTRY)	7	L CITIZEN OF WH	AT COUNTRY?	8 MARRIED	X NEVER MARR	P BALTIMORE	TY OR COUNTY	OF DEATH	
	NEO S. C. W.		S.C.	100	USA		WIDOWED	DIVORC	ED 🗆 Baltim		ty	M
	AY IS P THE FI AGE 5 FILED.		TY OR TOWN OF DEA	TH	(IF NOT IN SUCH FAC	PITAL, NURSING HOM			120 USUAL OCCUPATION	N (TYPE OF WORK	26 KIND OF OR INDU	BUSINESS STRY
	30 m		Baltimore		South Bal			Hospital	Housewite			
BALTIMORE, MD. 21201	AND 3			13b. COUNTY		E RESIDENCE BEFORE ADMISS Baltimore	130	d inside city limits?	13e STREET ADDRESS 616 Hilly	iew Road	2122	5
Q¥	II. 2.	M. F	THER'S NAME		MIDDLE	LAST	15	MOTHER'S MAIDE	N NAME MIDDLE		LAST	
ORE,	GESA	/	Uriah			Young		Louise			Feast	ter
TIM	PE PA	16a V	VAS DECEASED EVER	(IF YES, GIVE W		166 SOCIAL SECURIT		Odoll M:		DRESS	3,	
14	URS AFTER IS GIVE PAU WITH FOR		No			214-24-93	96	oueri Mi	ller 616 Hil	IVIEW RO		
ST.	0=05=	40	PART I DEATH W	ACCALICED !	200	for (a), (b), and (c).)	tia an	ediorraca:	lar digassa		BETWEEN ON	NATE INTERVAL
ON	IIN 24 HOU IN ITEM I ? ALONG ISIT PERMI HYGIENE, MOVAL	40	4 1	IMMEDIATE		AS A CONSEQUENCE		ratovascu	lar disease			
PRESTON ST.	ER A		Canditions, if a									
W.	UTED WITHI IN PENCIL I EXAMINER (IAL - TRANS) O MENTAL I ON, OR REA	1	gove rise to cause (o) stating		DUE TO, OR	AS A CONSEQUENCE	OF					
201	EXA SAL ON,		lying couse last.		(c)							
DIVISION OF VITAL RECORDS, 201	D BE EXECUTED WITHIN 24 H ENDING" IN PENCIL IN ITEM BEDICAL EXAMINER ALON AS A BURIAL - ITEMSIT PER AITH AND MENTAL HYGIEN CREMATION, OR REMOVAL		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO OEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIVEN IN PA	RT 1 tol.			
500	HOULD BE EXECTED BY THE WEDICAL CHIEF MEDICAL CUSED AS A BU OF HEALTH AND SHAL, CREMATI	CERTIFICATION	ret -									
A K	SHOULD ORD "PE CHIEF A CHIEF A E USED A T OF HE	CA	190. DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH OPE	RATION WAS	PERFORMED?			20 AUTOP	SY?
<u> </u>	IFICATE SHOUL 5 THE WORD "F TO THE CHIEF HOULD BE USED ARTMENT OF H OR TO BURIAL,	RTIE	210 EXTERNAL CAUS	FWAS	21b. TIME OF	INTERV	1216 HOW	/ IN HUBY OCCUPE	D (ENTER NATURE OF INJURY IN I		YES [NO 🔀
Õ	CERTIFICATE SHITING THE WOLLD THE CODE TO THE CODE TO THE CODE SHOULD BE DEPARTMENT IN PRIOR TO BE	-	UNDERLYING C	OR	HOUR A.M.	MONTH DAY YEA	R ZIC HOW	INJURY OCCURRE	D TENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART	2)	
Sio		MEDICAL	CONTRIBUTING C	RED	21e PLACE O	FINJURY (ATHOME,	21f. LOCA	TION				-
DIV	E, WRITING RWARDED RWARDED PAGE 3 SI STATE DEP,	ME	WHILE AT WORK AT W	WHILE	STREET, FACTO	ORY, FARM, ETC.)	STRE	ET	CITY OR TOWN	COUP	4TY	STATE
	ND, ND,		22a I certify that I	took charge	of the remains desc	ribed abave, held on	Autapsy	X Inspectio	n . Inquiry .	and in my opii	nion	
	EXAMIN CERTIFIC JUD BE DIRECT WITH T		, death resulted from	Naturol	causes X,	Accident . Si	vicide .	Homicide	Undetermined manner	<u></u> ,		
	EXA DUED WAR		ACTUAL	01/1 W	10 A	Krll.		TITLE (SPECIFY)		DATO	27 06	
	SEAT SEA	/	SIGNATURE	modo.	as Mb		,M.D.	<u>Assistant</u>	MEDICAL EXAMINER	SIGNED	27-86	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATIMORE, MARYLAND,		EXAMINER'S NAME (TYPE OR PRINT)	Mar	garita A	. Korell,M	.D. AD	DRESS 111	PennStreet			
	527 5 F 4 -	23a. B	JRIAL, CREMATION, RI		DATE	23c. NAME OF CE	METERY OR C	REMATORY	23d. LOCATION	COUNT		
07/B4	BP		Burial		8/30/86	Druidridge	Cemeter	·	Baltimore	Co		STATE
25M	DHMH - 17		JNERAL DIRECTOR	a.1 Ha	ADDRESS .	200 11.5	0	250. DATE	REC'D. BY REGISTRAR 256	REGISTRAR'S SK	SNATURE,	May .
	(VR A15 ME (5))	I _A I	arcii runer	al Hom	e west 4.	300 Wabash	Avenue	KAL	6,29 1966 1	THE STATE OF THE S	-	



- STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME ERIC LEE MILLER 20. DATE OF DEATH AKA 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) YEAR aucasian BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWED DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Itimore MERCY HOSPITH USUAL RESIDENCE IN NURSING H ING HOME OR OTHER INSTITUTION GIVE THE INCLUSION OF A PERSON INCLUDING THE INSTITUTION GIVE THE INCLUSION OF A PERSON INCLUDING THE INCLUSION OF A PERSON INCLUSIO 13. ST25 7 Dolingen Ave. 13d INSIDE CITY LIMITS? Baltimore XXXXXXXXX YXXY FATHER'S NAME IS MOTHER'S MAIDEN NAME Miller, 25 Polinden Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN) I LIE YES GIVE WAR OR DATES! XXXXXXXXXXXXXXXXXX 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY Ndrome IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION asa comus 9n DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (EN ER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) SIREFI CITY OR TOWN NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an_ & Le , and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death TE SIGNAT DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN V 22d, PHYSICIAN & NAME ITYPE OR PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

RUBERTECOR ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

Green Mount

23b. DATE

Cremation Aug. 26, 1986

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE wa dundon you

23d LOCATION

Baltimore

COUNTY Md STATE

22c. DATE SIGNED

Aug. 25, 1986

YEAR

INDUSTRY

YES [

COUNTY

N/A

26 HOUR

21204

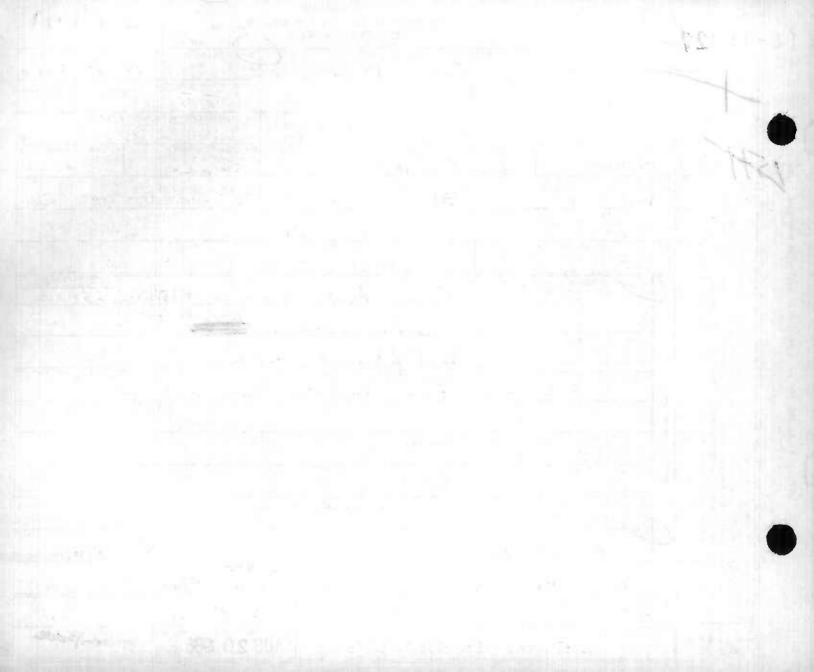
RUNNER

APPROXIMATE INTERVAL

NO [

STATE

in the sale in the



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO.					
August 18, 19	986	YEAR	26 HOL	JR M	
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS		
86 YRS	MONIHS	DAYS	HOURS	MIN.	
Baltimore City Or COUN		ATH		MD.	
120 USUAL OCCUPATION	12h	KINDO	E RUSINI	SS OR	

	1011101111				
113e	STREET AD	DRESS /	ZIP CODE		
	4058	The	Alamed:	a .	21218

TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Homemaker

MIDDLE

ADDRESS

20817 Bethesda, Md.

LAST

APPROXIMATE INTERVAL oaus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ON FOR WHICH C	PERATION WAS PERFORMED	20a AUTO	P5Y?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
		YES 🗌	NO	YES 🗌	NO 🗆				
INJURY	21c. HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJUI	RY IN ITEM TO PART I OR PART	71				

CITY OR TOWN COUNTY STATE

and that in (my) (and apinian death occurred an the date and have and learn the causes stated

MEDICAL ATTENDING STAFF

PHYSICIAN DIRECTOR PHYSICIAN

NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL Burial

8/21/86

Parkwood Cemetery

Baltimore, Md.

STATE

24 FUNERAL DIRECTOR

FOR

REGISTRAR DECEASED NAME

- STATE

(TYPE OR PRINT)

MITCHELL-WIEDEFELD HOME, INC.

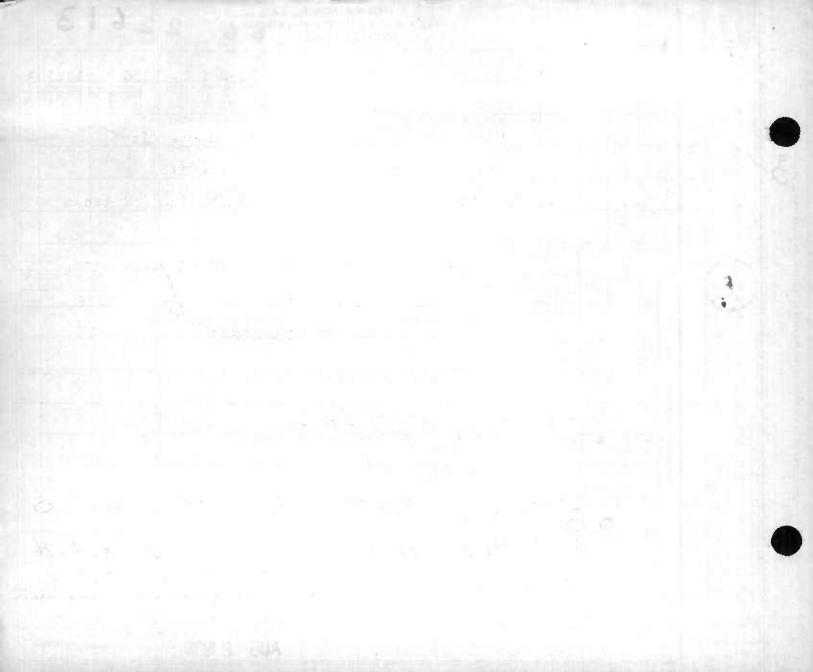
6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	1170		1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGINE 6 22613 CERTIFICATE OF DEATH										
0 -	1413	0 0		EASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF DE	ATH MONT	H DAY	YEAR 2	b. HOUR	
	2 60	19			INNI	IE MILLER			LLER		AUGUST		1986		0:10AM	
	0 10		3. SE)		4. RACE			5. DATE OF BIRTH MONTH DAY YEAR					IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.			
	1967			Female		White		Apr	April 9 1893				YRS.			
	20 4	21	Jar 81	THPLACE (STATE OF FO		76 CITIZEN OF	WHAT COUN	NTRY? 8. MARR	MARRIED NEVER MARRIED			BALTIMORE CITY OR COUNTY OF DEATH				
	1	34	7	Marylar	USA 11. NAME OF HOSPITAL NURSIN		WIDOV		RCED 🔲	Baltir			12b, KIND OF BUSINESS OR			
3	1	彭	В	altimore		Churc	the HOI	me Hos	oital	TION	26. USUALOCO (TYPE OF WORK FOR House	MOST OF WOR	KING LIFE) IN	Ib. KIND OF E NDUSTRY	JUSINESS OR	
	Med o	乾		L RESIDENCE (IF NURSE TATE Md.	Ba.	other institution NTY	136 CITY OR WILS	E BEFORE ADMISSION R TOWN OnPoin	YES NO	o* <u> </u>		RESS / ZIP	cope nPoi	ntRoa	d21220	
MAKE	1	130	1	THER'S NAME FIRST ANKNOWN		WIDDLE	LAS	51	15 MOTHER'S M.	1		DDLE		LAST		
-		3/1		AS DECEASED EVER I		MED FORCES?	Hill Co.	SECURITY NO.	17 INFORMANT			ADDRESS				
	oth certificate be ex- reding physician of comparability. Po- ton money.	V		no	(1110)		213-3	32-951	Harley	7 Smit	th 1601	Wils	onPo			
4		1		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:									-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
7		A		IMMEDIATE CAUSE (0) GANGRENE OF INTESTINES										DAYS		
5		natie		DUE TO, OR AS A CONSEQUENCE OF												
	ation	0.0		Conditions, if ony, which gove rise to immediate DAYS												
	1 485	į		couse (o), storing the underlying couse lost												
	uses the igned b en pleas buriel.		z	PART 2 OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING	G TO DEATH BU	T NOT RELATED TO	THE TERMIN	AL DISEASE OF	CONDITIO	N GIVEN IN	N PART Ho		
OF STOR OF VITAL RECORDS, AUT OF PRESTORS	on hos been r permit. D	T	TIFICATION	JULY 31,			EMIA	LEFT I	EG; SMA	LL	20a AUTOPSY	IN	CERTIFYING	RE FINDING G CAUSES OF		
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	othersom othersom to the bur tond Me	The state of the s	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET		CII	Y OR TOWN	(COUNTY	STATE	
	TENDIN old or TOR At for use of feach	21 is mo		226.1 certify that (1) this hospital attended the deceased from JULY 30 , 19 86 , to AUGUST 2 , 19 86 , that (1) cell ast sow the deceased clive on AUGUST 2 , 19 86 , and that in my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) we) (did) (did not) view the body after death.												
•	the house the board of the Dept.			226. SIGNATURE A. J. Heloy, M. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF												
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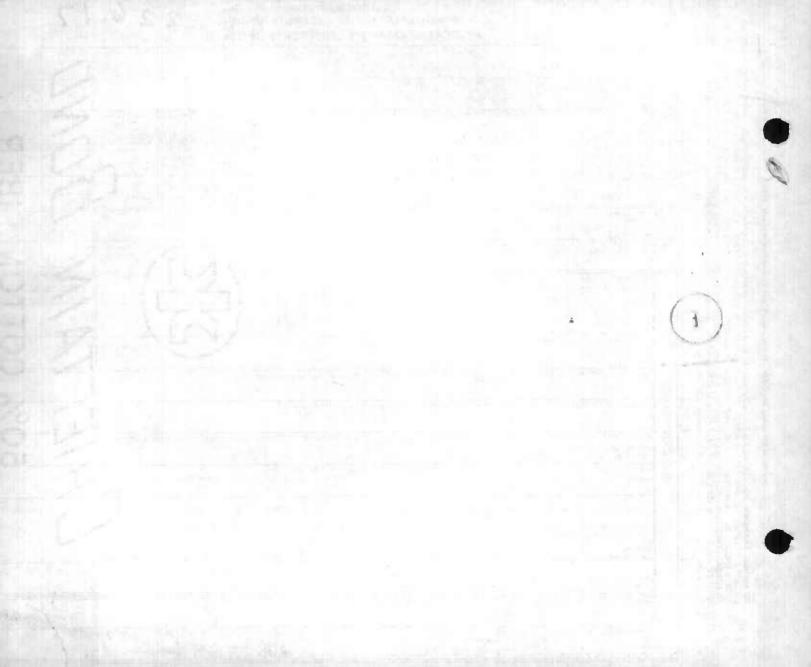
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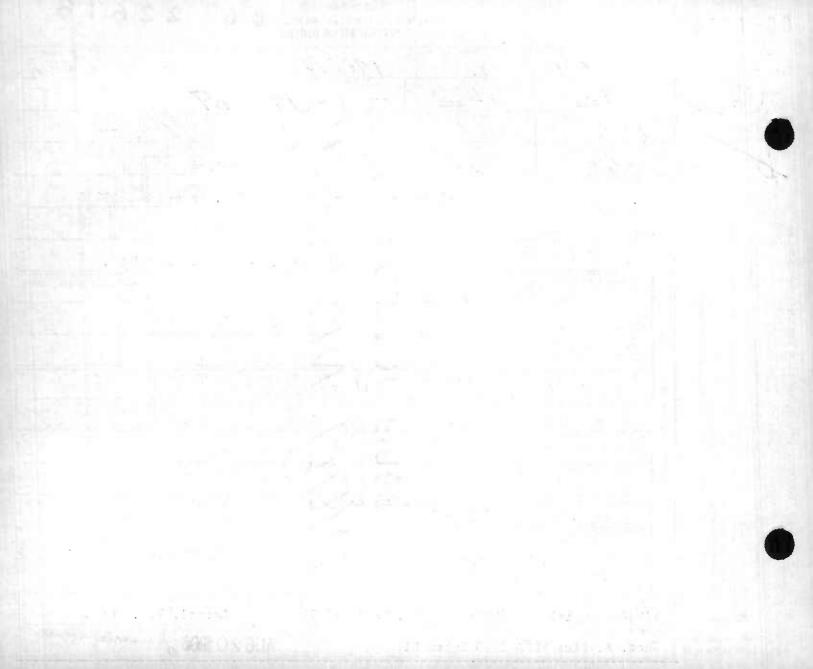
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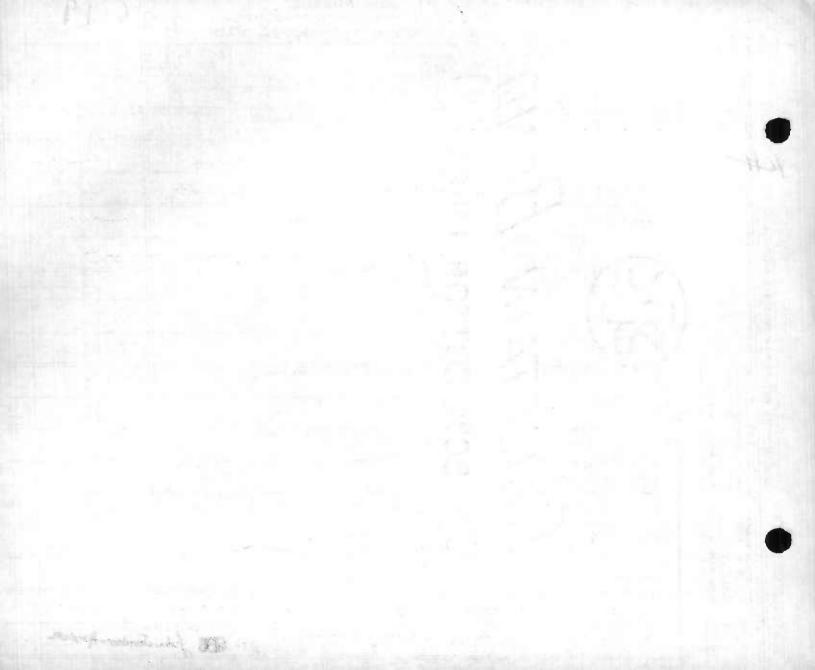
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	~ U/A W W		(TYPE OR PRINT)	Will:	iam M. Zar	ne, M	.D.	ADDRESS_	111 F	Penn St.	Balt	to.MD.		
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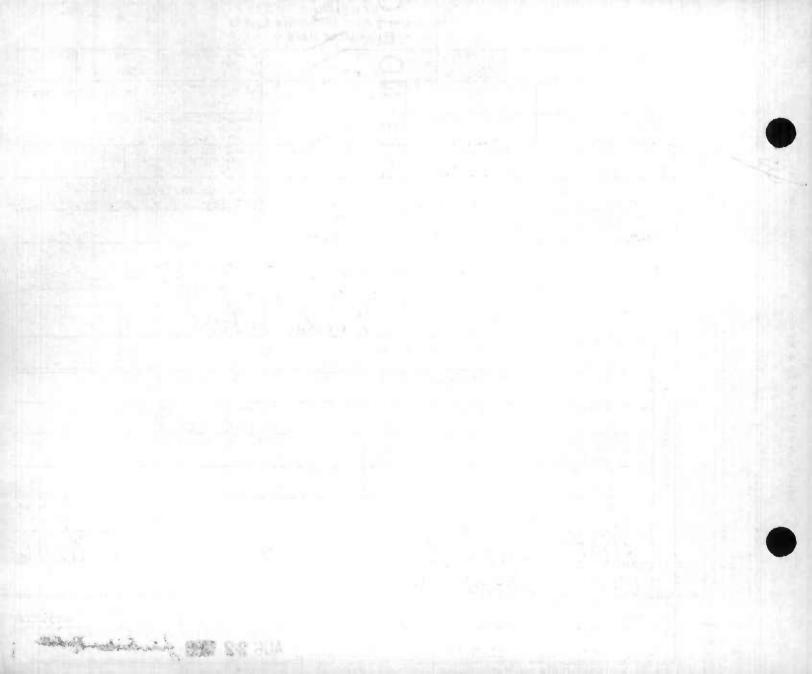


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR DECEASED NAME 2a DATE KNOWN X 2b HOUR LIVE OF PRINTS OF John DEATH MATED 8-21 1086 Paul Noonan 4. RACE 5 DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE 72 YRS RONOUNCED White 4/1/1914 Male DEAD 1986 D. M Te BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. Md. U.S.A. WIDOWED X Baltimore City, DIVORCED IB CITY OR TOWN OF DEATH 128. USUAL OCCUPATION (TYPE OF WORK 128 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore Plumber 4803 Sunbrook Avenue Plumbing 21206 UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS YES X NO | Same as 11 13b. COUNTY Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Patrick Mary Barrlett Noonan 16h SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN) 218.07.8266 Charles C. Noonan Same as 11 Yes CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Carcinoma of Lung IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA NO XX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Natural causes XX Homicide Undetermined manner PAGE 4 SHOULD BY
TO FUNERAL DIFFE
AFTER DEATH WITH
BALTIMORE Assistant 8-22-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore Maryland 8/23/1986 Greenmount Crematory Cremation 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** Walter Brooks Bradley, Thc., Dundalk, Md 21222 (VR A15 ME (5))



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 000-17053 MEDICAL EXAMINER'S CER REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH DAY 2h HOUR (TYPE OR PRINT) ESTI-MORRIS E. MOORE DEATH MATED 8-29-86 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2011PUR PRONOUNCED male black 1946 5 40 8-29-86 1:12 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNT Md MARRIED NEVER MARRIED US Baltimore City DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY
Pimlico Race
Trac NOTIN SUCH FACILITY, GIVE STREET ADDRESS)
2534 Edgecomb Circle North Saler Saler Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS Baltimore 2435 Edgecomb Circle 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Morris Doretha Wilkens Moore 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 217-40-5293 Elizabeth Moore 3415 Edmondson Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (o. DIVISION OF VITAL RECORDS, 201 W, PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 io CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES X NO DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR HOUR A.M. MONTH DAY YEAR 11:00AM 8-29-86 subject found bound and gagged CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME III. LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 2534 Edgecomb Circle North Balto., Maryland TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWARI TO FUNERAL DIRECTOR; PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 home (rear bedrm X 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion death resulted fram: Hamicide X Natural causes Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 8-30-86 EXAMINER'S NAME William M. Zane, M.D. 111 Penn Street ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATEMO Arbutus 9/4/86 Burial Arbutus Memorial Park 07/84 25M 24. FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR **DHMH - 17** March Funeral Home West 4300 (VR A15 ME (5)) Wabash Avenue

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIF

ICATE OF DEATH	REG. N

	REGISTRAR				CENTIL	TEATE OF PEATS	R	EG. NO.			
	CEASED NAME	FIRST	,	MIDDLE	1	LAST	20. DATE OF DE	ATH MONTH	DAY YEAR	2b HO	
(TYPE	OR PRINT)	Chri	stina	L.	Mor	gan	Ang	net 16	986	11.	AM
3 SE.	Х		4. RACE		5 DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR		R 24 HRS
Fe	emale		Whi	.te	Nov	. 22, 1897 YEAR	88	YRS.	MÖNIHS DATS	HOURS	MIN.
	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	ITY OR COUNT	Y OF DEATH		
	Md.		US	SA	WIDOWE	to the	D-1+	imore	City		MD.
10 C	ITY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	1120 USUAL OCC	UPATION	126. KIND C	F BUSIN	
В	altimore		Unio	n Memor	ial	Hospital	House	MOST OF WORKING	LIFE) INDUSTRY		
	AL RESIDENCE (IF NUR. STATE Md.	136 COUN		Baltimo		13d INSIDE CITY LIMITS?	13e STREET ADS	RESS / ZIP COI	Avenue	2121	3
14. FA	ATHER'S NAME Adam		Ma aldom	ack LAST		15. MOTHER'S MAIDEN NA.		DDIE	LAS	51	
	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECT 219-40-6		Mr. Wm. H. M		. 1538	Burnwoo	d Rd	1.
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MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY					211 LOCATION					
ME	WHILE NOT WE							COUNTY		STATE	
	22a.1 certify that (1) saw the deceas above, (1) (me) (ed alive an	8/1	5/ 190	P6, ai	nd that in (my) (opinian	death accurred ar	the date and ho	ur and from the	that (1)	tated
	226 SIGNATURE	1	non	N		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN [7]	221 DATE	SIGNED	86.
	22d DHYSICIAN'S N			1		22e ADDRESS	. 0	1	1	-/-	
-	VUOTE	1	NEILY	EM		1331 Bell	aur Ko	& Bal	I Me	12	1206

23c NAME OF CEMETERY OR CREMATORY

Oak Lawn

BP.

PRESTON

DIVISION OF VITAL RECORDS, 201 W.

DHMH - 16 60M 7/84

the burial-transit permit. Then please remove a ond Mental Hygiene prior to burial, cremation,

Hem 18 sha

should be detached for use as the with the State Dept. of Health or IMPORTANT. If them 21 is market

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland (VRA 15, 4)

Aug. 19, 1986

23a BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial**

23d. LOCATION

STATE

COUNTY

Baltimore Md.

250 DATE REC'D. BY REGISTRAR' 250. REGISTRAR'S SIGNATURE

ALIG 18 1986 Julio Davidon Rondario

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00-16004	item 2 film G618 8-24-86 I.J. STATE OF MARYLAND FOR 1- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGENE O CERTIFICATE OF DEATH REG. NO.	20
noy be poge 3 rr deoth	1 DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY (TYPE OR PRINT) Verne tta 1 SEX 1 ARCE 15. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UN	B6 0715 M
Poge 4 m	Female B NONTH DAY YEAR 33 53 52 YRS	MS DAYS HOURS MIN.
of once.	10 BIRTHPLACE (STATE OF FOREIGN 16 CITIZEN OF WHAT COUNTRY? 8 MARRIED & NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF I WIDOWED DIVORCED BALTIMORE CITY OR COUNTY OF I WIDOWED BALTIMORE CITY OR COUNTY OF I	Dity MD.
is offer d	Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) IN UNIVERSITY OF MD. Can ur Center Unemployed.	26. KIND OF BUSINESS OR NDUSTRY
AND 212 1.24 hour filled in puld be in	130. STATE 130. STREET ADDRESS / ZIP CODE 130. STATE 130. STREET ADDRESS / ZIP CODE 130. STATE 130. STREET ADDRESS / ZIP CODE 2716 054) Ego	ave 21215
MARYL/ ed within	WILLIAM HODGE HORKINS GLACUS MIDDLE J	Ohrson
IMORE,	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-32-8484 Steven Robinson 27160	
A C	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Card. 0 - Pulmonan Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne decition s	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Cardiomy on a Thy	
by the oother orther	gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF BYPAST Cancer and Liver Metastacis	
RDS, 20°	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II Breast Cancer and Liver Meters tacks	N PART 110
AL RECO	▼ 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WE	ERE FINDINGS USED G CAUSES OF DEATH? NO [2]
ON OF VITA IYSICIAN: TI ding physicia is certificate buriol-transit buriol-transit mem al 8 sh	A CONTROLLER OF CONTROLLER MOUNT DAY TEAK	OR PART 2)
DIVISION OF VIT NG PHYSICIAN: attending physic fifer this certificat as the buriol-from th and Mental Hyg orked or tem 18 s	2 214 INTHRY OCCURRED 2 216 PLACE OF INTHRY 211 LOCATION	COUNTY STATE
TENDI fol ar OR. A OR. A	220.1 certify that (1) (this hospital) attended the deceased from 8/14, 19/86, to 8/19, 19/86, to 19/86, to 19/86, and that in (my) (our) opinion death occurred on the date and haur and obove, (1) (we) (dig/a) and not view the body after death.	d from the couses stated
the house the best of DIRE to DEP	27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D	8/19/8 6
HOSP FUNE Sold be Sold be ORTA	PYSICIAN SNAME (IVPE OR PRINT) AUSTIN MA 1220 ADDRESS 1/MC 22 S. GIREFIE, Ball	v. MO 2,20,
Bb———	236. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN CONTROL OF CONTROL OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN CONTROL OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN CONTROL OF CEMETERY OR CREMATORY 236 LOCATION CONTROL OF CEMETERY 236 LOCATION CONT	DUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Wm C March F/H West 4300 Wabbash Avenue 250 DATE RECIDING REGISTRAR 250	don forman

2 Painent 25 All and and the same of the same of the MANY THAT IS THE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE-- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26 HOUR DECEASED NAME MORGENSTEIN (I YPE OR PRINT) CLARA 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR IF UNDER 24 HRS 3. SEX EMALE 1899 HITT 30 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED GERMANY BALTIMORE CITY USA WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR HOUSEWIFE WORKING LIFE BALTIMORE SINATTHOSPITAL HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13 6 T ZOBENHURST RD MARYLAND 13b COUNTY 13c CITY BALTON 13d INSIDE CITY LIMITS? #21209 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ELIAS LANDAU CAROLINE **JACOBSON** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT MAX MORGENSTEIN 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 212-01-3803B 6120 BENHURST RD. NO BALTO. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY SUDDEN IMMEDIATE CAUSE (O) 3 WEEKS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. RTERIOSCIEROTIC HEART DISENSE DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ö CITY OF TOWN COUNTY STATE AT HOME, STREET FACTORY OFFICE FARM ETC) NOT WHILE -2 220 I certify that she (this hospital) attended the deceased from. 86, and that in (@yr (our) opinion death occurred on the date and hour and from the couses stated saw the deceased plive on obove, (Mwe) (did) (did not) view the body after death 22c. DATE SIGNED 22h SIGNATURE DEGREE ATTENDING . STAFF MEDICAL DIRECTOR PHYSICIAN PHYSICIAN should be 77e ADDRESS AVE. BALTIMORE, MD. 21201 230 BURIAL CREMATION, REMOVAL 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL AUG.7,1986 BALTIMORE MARYLAND ... AITZ CHAIM BP. 8 1986 P. PEGISZINA CON NATION SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 BALTO. ADDR MD 6010REISTERSTOWN RD. 21215 (VRA 15, 4)

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STATE OF MARYLAND

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1101 E. North Ave.

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

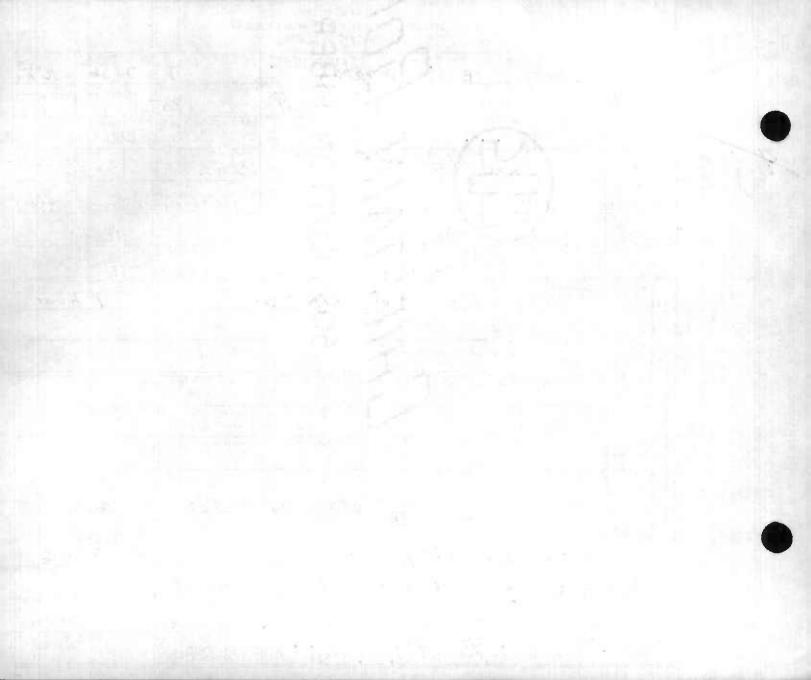
DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

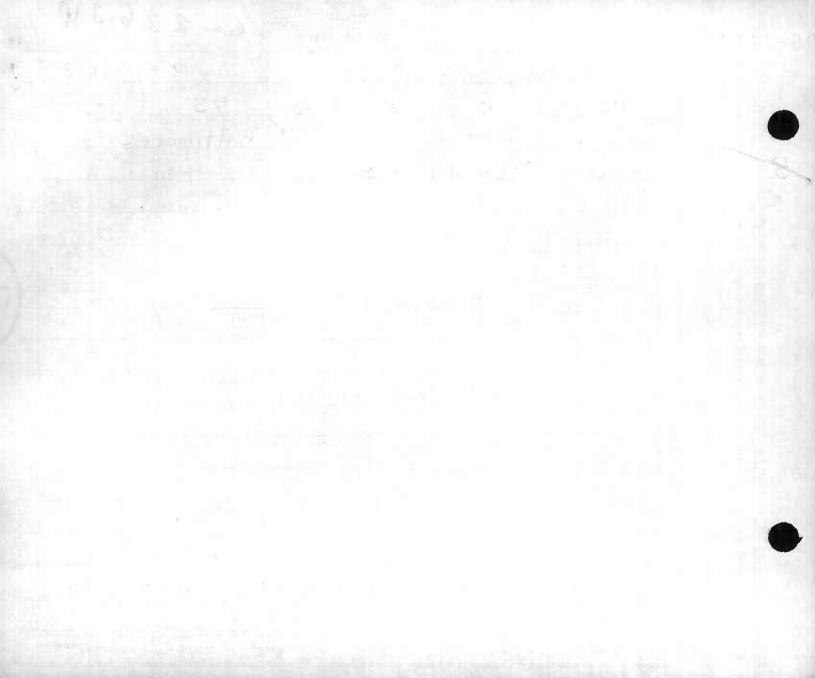
March F/H, Inc.

0-16772	1	FOR - STATE REGISTRAR	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		031
1		PECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. 5	HEL1	EN B.	MOSKAT. 5. DATE OF BIRTH	AUGUST 25	1986 11:44M
	L	FEMALE	CAUC.		.912 74	MONTHS DAYS HOURS MIN.
1 15 8	3	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARY LAND	76 CITIZEN OF WHAT COUN	MARRIED MEVER MARR		
	7	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	IURSING HOME OR OTHER INSTITUTI	ON 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
	- Os	LTIMORE UAL RESIDENCE (IF NURSING HOME OF STATE)	R OTHER INSTITUTION GIVE RESIDENCE			. ESSKAY
4 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	RYLAND FATHER'S NAME	BALTI	15. MOTHER'S MAI	320 ELRINO ST	
	9	WALTER WAS DECEASED EVER IN U.S. AR		ZECZKO ANGEI	INE ADDRESS	CZAJA
	L		VE WAR OR DATES)		MOSKAL - 320 ELRIN	NO ST. 21224
Physical Phy		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:	b) and ici	onest.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
otherding by corbo		Conditions, if any, which	DUE TO, OR AS A CON	SEQUENCE OF Ederna?		3 mos
by the		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF modic Valve Disecu	critical se Mithal Stenosi	s 10 yrs
equires n signed Then pla to buria	Z		conditions contribution	GTO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)
N: The low rysicion. cate has bee onsit permit. Hygiene prior 8 shows any	CERTIFICATION	190 DATE OF OPERATION		VHICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The major physicio certificate brital-transit ental Hygie frem 18 sho		OR CONTRIBUTION CAUSE OF OF	ATH HOUR A.M. MONTH	H DAY YEAR	OCCURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
OING PHYS or attendim After this c e as the bur olth and Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN otol or of TOR: Aft or use as of Health		22a.l certify that (I) (this hospisaw the deceased alive an	8/25		80, to 8125 apinian death accurred an the date and	, 19_8(c, that (i) (we) last
At OR All the hosp At DIREC detoched (detoched)		22a. SIGNATURE	at) view the body after death.	DEGREE ATTEN PHYSI	DING MEDICAL STAFF	22c. DATE SIGNED
TO HOSPITAL retained by th TO FUNERAL should be dete with the State	4	224 PHYSICIAN'S NAME (TYPE O	I, W o	22e ADDRESS	or N. Wolfe St	Bolt MO 2124
P	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 8/28/86	236 NAME OF CEMETERY OR CREM. ST. STANISLAUS	CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/84		FUNERAL DIRECTOR Walter Dabrowski	The second second		BALTIM 25a. DATE REC'D. BY REGISTRAR 25b. RE	
(VRA 15, 4)		walter Dabrowski	L - 1003 Dunda	IX Avenue ZIZZ4	AUG 28	Leider Birlit

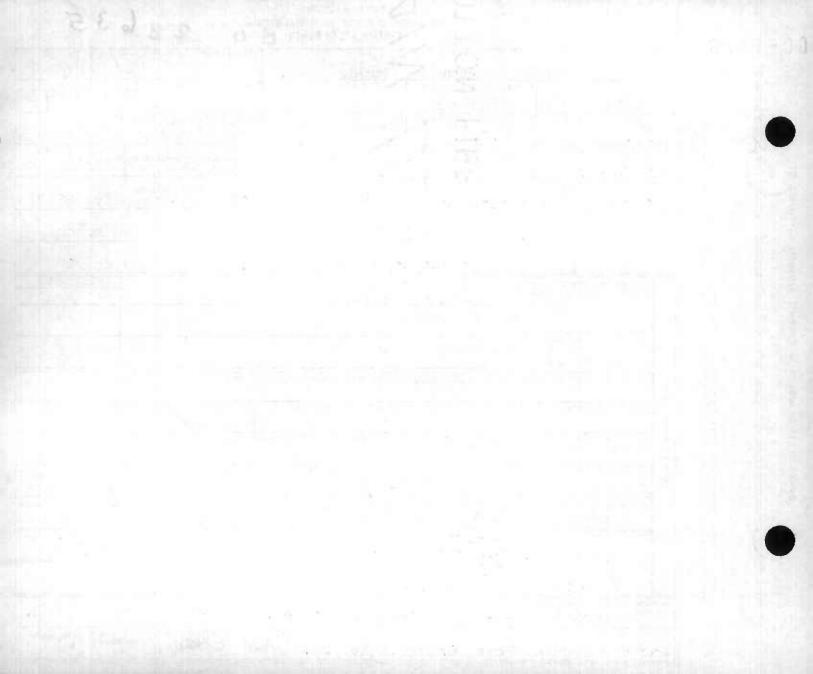
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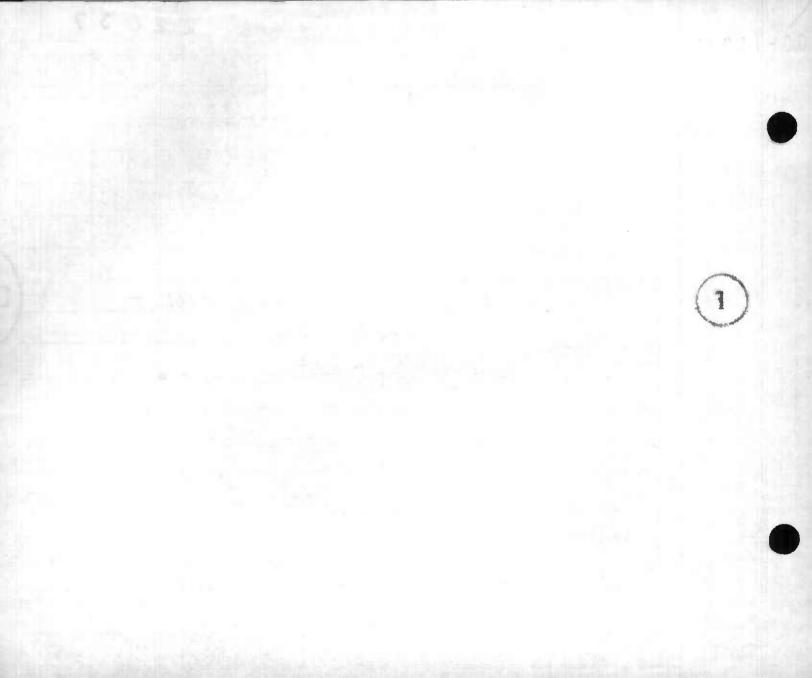


		FOR	DEG	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H	VOLUME	135
-14766	1 -	STATE REGISTRAR	DEF		8 6 REG. NO. 2	2633
14700		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26. HOUR
nay be page 3 or death	11112	Mauri	ce John	Muthig Jr.	8	16/86 1615 M
T. po	3 SE	(4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
000		Male	Caucasia	n 9 29 20		YRS.
100		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED X NEVER MARRIED (WIDOWED DIVORCED (9. BALLIMORE CITY OR CO	UNITY OF DEATH
40	10.0	OF TOWN OF DEATH	11. NAME OF HOSPITAL, N	ESTREET ADDRESS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Engineer	light life life life life life life life life
26	USU. 130. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	TY 13c. CITY OF	R TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 71P	CODE
		láryland Ba.	ltimore Cat	Onsvilles NO X		ne Drive 21228
omin	9. 17	FIRST	WIDDLE LAS	ST FIRST	WIDDLE	Andongon
E COM	IAn V	Maurice CVAS DECEASED EVER IN U.S. ARA		thig Sr Alta	ADDRESS	Anderson
Poges,		(IF YES, GIVE	WAR OR DATES!			10mo og #12
0 %		No		18-1053 Elizabet	n S. Muunig s	
physical napoperation in properation		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y ane cause per ling for (a), (DBY:	(b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
D 0 0 0		IMMEDIATI	E CAUSE (a) CUE	19 (a		
ottending nove corb otten, or r froumatic			DUE TO, OR AS A CON	SEQUENCE OF		
rour	-51	Conditions, if any, which gave rise to immediate	(b)			
e e		cause (a), stoting the	DUE TO, OR AS A CON	SEQUENCE OF		
or oth	W	underlying cause last.	(c)			
D C	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART Tra
f. Then or to by injury	CERTIFICATION				To a second Tour	AT VEG A VEDE EN LO
e prio	ICA	190. DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
a e	RTIE		3.5		YES NO	YES NO
18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTI	H DAY YEAR	URRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
to	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19		
× ō	9	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
ofth and M markedor	Z	WHILE NOT WHILE AT WORK	TAT HOME, STREET, PACTORY, C	P / 1	1 0/1	01
O E		220.1 certify that (1) (this hospit	ol) attended he deceosed	fram 0// 190	10 0/0	
+ He	-	saw the deceased alive on.	8/10		an death occurred on the date ar	nd hour and fram the causes stated
ort o		abave, (I) (we) (did) (did not 22b. SIGNATURE) view the body after death.	DEGREE		72r DATE SIGNED
Dike ochec Dept If hen		IN SIGNATURE	1/11/7/1/	ATTENDING	MEDICAL STAFF	01, 10%
on the State		Juse II.	111141110	PHYSICIAN	DIRECTOR PHYSICIAN	0/0/00
d be S RTA	200	22d. PHYSICIAN'S NAME (TYPE OF	RPRINT)	. // 22e. ADDRESS		
should be deto with the State I		1 iRSO 1	H. Casti.	110		
- 5 3 <u>S</u>	23a E	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	2. 10
		SPECIFY) Burial	8-8-86	Meadowridge Cem	. Elkridge	Howard Md.
	24 F	JNERAL DIRECTOR		25a [PATE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
1 - 16 60M 7/84 VRA 15, 4)	M:	acNabb Funera	1 Home Cal	tonsville Md.	AUG 8 1986	, had bride a major of the



	FOR STATE REGISTRA		#86 - 54		NT OF HEALT	MARYLAND H AND MENT CERTIFICATE	OF BEATH	2636
0-16941	1. DECEASED N (TYPE OR PRINT)	AME FI	Barbara	Ann		Myles	20 DATE KNOW! OF ESTI- DEATH MATED	
RAY, PLEAS DURECTOR OUR FILE TO HOUR	3 SEX Female	4 RACE Black	5. DATE OF BIRTH MONTH DAY JULY 3,	1949 3	7 YRS.	NDER TYR IF UND	DER 24 HRS 20. DATE PRONOUNCED DEAD	8 29 19 86 M MONTH BAY YEAR 2d HOUR 7:20 8 29 19 86 AM
NECESSA S. FOR Y.	New Yor	k	76 CITIZEN OF W	Α.	WIDO		RRIED Baltim	ore City MD
DELAY IS 170 THE PAGE PAGE	Baltin	ore	I IF NOT IN SUCH F	Sity Hos	sp. (STU)	HER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE; Housewife	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY HOME
O. 21201	Marylan Marylan	d W	oward	Colum	TOWN	YES NO .	X 7223 Oakle	and Mills Road
S DEATH. M	FIRST	uis	MIDDLE L. S. ARMED FORCES?		Les SECURITY NO.	Mini IT INFORMANT	nie	Henry RES 9520 Longlook Lane
HAR AFTER GIVE P WITH FO DINUSION	NO OR UN	IKNOWN) {IF YE	s, GIVE WAR OR DATES) ter anly one cause per line		0-4476	Mr. & M	rs. Louis L. Me	yles-Columbia, MD. BAPPROXIMATION AND OF AN
DRDS, 201 W, PRESTON E EXECUTED WITHIN 24 H DINGS IN PENCIL IN ITEM DINGS IN PENCIL IN ITEM DIVEL EXAMINER ALON THAND MENTAL HYGIE EMATION, OR REMOVAL	gove couse lying PART 2 OTH	litions, if any, rise to imme (a) stating the ucause lost.	which diate (b)	R AS A CONSEQ	DUENCE OF		PART 1 (a.	
ON OF VITAL REC	210 EXTE	OF OPERATION RNAL CAUSE W. ING OR UTING CAUS	AS 216 TIME O		Y YEAR 21c. F	vas performed? Iow injury occui Inknown	RRED LENTER MATURE OF MUURY IN ITE	2B AUTOPSY? YES X NO M 18 PART 1 OR PART 2)
DIVISION THIS CERTIFIC E. WRITING TH WARDED TO PACE 3 SHOUN STATE DEPART	- 94	RY OCCURRED	21e PLACE	OF INJURY AT TORY, FARM, ETC.)	1 HOME, 21f. LC	STREET	CITY OR TOWN	COUNTY STATE HOWARD, MD
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE FOR A SHOULD BE FOR TO FUNERAL DIRECTORE AFTER DEATH, WITH THE S BARTIMORE, MARYLAND,	deoth re ACTUAL SIGNATU EXAMINE (TYPE OR	Suited Com.	charge of the remains of Natural cause Natural cause ennis F. Smy	Acident Due M. D. M. D.	Mules	ADDRESS 111	Undetermined manner [Undetermined manner [DATE SIGNED 8-29-86 to., MD 21201
07/B4 BP	Leroy M	rector Russ	9/3/86 ell C. Witz s Road, Colu	Cres ke Funer	stlawn Co	emeteru	Marriottsv	COUNTY STATE Maryland REGISTRAR'S SIGNATURE

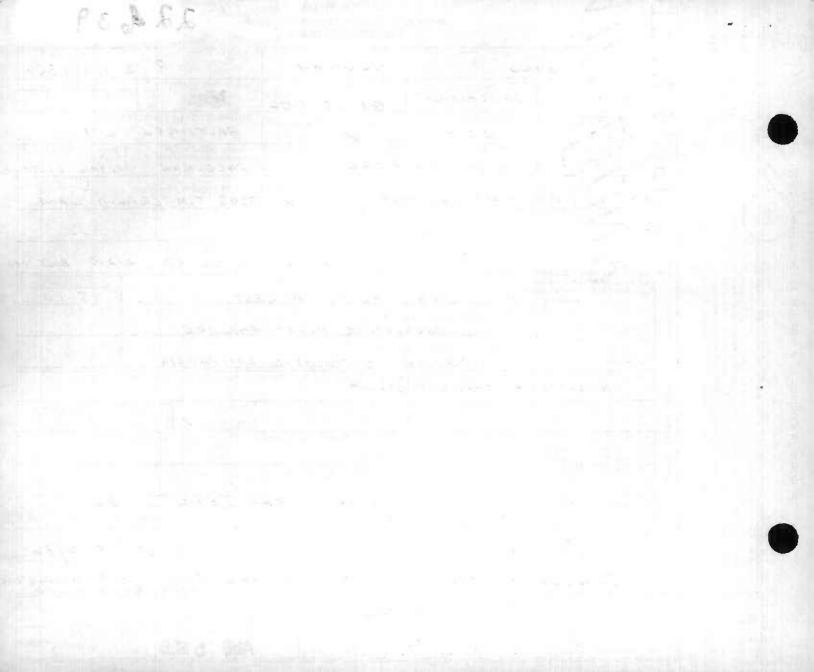
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be be sooth	I. DE	Sister Mary	Albi			al, 0.5.		a. DATE OF DEATH		Y YEAR 1986	26 HOUR
and book	3 SE		4 RACE		5. DATE O			AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ge 4 may be ector, page 3 us ofter death		Female	Black		MONTH	6 19	ÖŽ	83	YRS	NIHS DAYS	HOURS MIN.
Jeoth. Po	17	DAMPLACE (STATE OR FOREIGN	US A	the same of	MARRIED WIDOWE	NEVER MARR	SIED LA	Baltimore city o	R COUNTY C	FDEATH	MD
ors ofter o	Car	tonsville	701 Gui	n Road	DRESS)	R OTHER INSTITUT		type of work for most o	NC	12b. KIND OF INDUSTRY	BUSINESS OR
IAND 21		AL RESIDENCE (IF NURS STATE Md	A TO	CITY OR TOWN	lle	13d INSIDE CITY LI		SIREET ADDRESS / 701 Gun F	ZIP CODE	21228	
MARYI ared with	Ge	eorge	MIDDLE	Nea1		Jennie	IDEN NAME	WIDDIE		Hebb	
BALTIMORE, cote be execu-		WAS DECEASED EVER IN U.S. AR YES NOOR UNKNOWN) (IF YES. GIV		20-58-16		17. INFORMANT Sister Vi	irgini	e Fish 70		Road	
4 4 4 4		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line D BY: 'E CAUSE (o)	ARDIO	RF	SPIRA	FOR	y ARK	EST	APPROXIM BETWEEN OF	ATE INTERVAL
RDS, 201 W. PRESTON ST equires that the death certi- risigned by the attent (1). Then please remove (1) than to burial, cremation (1).	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	(c)	DE F	ME	RATIO NTIA	1	al disease or conl	DITION GIVEN	I IN PART 110	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir outending physician. After this certificate has been sign of the buriol-transit permit. Then th and Memtal Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	n for which o	PERATION	WAS PERFORMED		20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDING	GS USED OF DEATH?
ICIAN: T g physici errificote rol-trons mtol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	JURY MONTH DAY	YEAR	21c HOW INJURY	OCCURRED	ENTER NATURE OF INJUR	IN ITEM 18 PART	1 OR PART 2)	
IVISION IG PHYS ottendin ter this of s the bur ond Med or h	MEDICAL	21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK	21e. PLACE OF I	INJURY FACTORY, OFFICE, FAR		211 LOCATION STREET		CITY OR TOV	//	COUNTY	STATE
R ATTENDIN hospital or IRECTOR, After use optical to Health tem 21 is mo		22a.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not		19	, one	, 19 I that in (my) (aur)		, to th occurred on the do			ot (1) (we) lost
by the ERAL D ERAL D e detocl		22b. SIGNAPURE	Lara	>	MB	00 1000000		MEDICAL STAF		8-7-	GNED
TO HOSPITAL retoined by 41 TO FUNERAL should be det with the Stote		SAM BANDAN						MORE	18	10 2	1229
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	8/8/86			metery or cremi edral Cen	netery	Baltimor		OUNTY	Mare
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director arch Funeral Hom	ne West	4300 Wal	oash	Avenue	AUG AUG	7 1986	sh REGISTRA	R'S SIGNATUI	re Name



STATE OF MARYLAND 22638 FOR DEPARTMENT OF HEALTH AND MENTAL OF GIRES - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) AUGUST 29, 3:14 NEAL 1986 ROSETTA 4 RACE 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS 5 MONTH Female. white HOURS 1921 65 To BIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) Va. MARRIED NEVER MARRIED USA BALTIMORE CITY WIDOWED DIVORCED TY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY THE JOHNS HOPKINS HOSPITAL BALTIMORE Housewife 3850 Falls Rd 21211 Baltimore 13d INSIDE CITY LIMITS? NO F 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Franklin Pruett Lawrence Crouse Frances Ann 16s WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) 168-14-2659 Mary Mulkern 4827 Vicky Rd. 21236 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY STANDSTILL ARDIAC IMMEDIATE CAUSE (O) DUE TO OR AS A CONSEQUENCE OF MASSIVE HEM CONCUME Conditions, if ony, which gove rise to immediate couse lo), stating underlying couse NUPTURED + HURALO- ABDOMINA CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CATION 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED NO IN CERTIFYING CAUSES OF DEATH? 9-7-93-86 THORACO-ABDIMINAL ANEVRUSIM NOK NO [21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00. HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 IN JURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION NO (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 6-28-86 sow the deceased alive on_ 86. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death S 226. SIGNATURE DEGREE 22c. DATE SIGNED should be detained with the State ATTENDING MEDICAL 日日 PHYSICIAN | DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LITYPE 22e ADDRESS BALTO . . CHUMACITA 236. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Norrisville Harford Md. STATE Norrisville Ch. Cem Burial 9-2-86 BP. 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR SIGNATURE DHMH - 16 60M 7/84 Burgee-Henss 3631 Falls Rd. 21211 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH TYPE OR PRINT NEWMAN 1986 EDWARD 1: SEX 4 RACE 5 DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR M ALE MONTH DAY YEAR 79 CAUCHSIAN 1906 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARY LAND Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE U.SA. 11.5.A. CITT WIDOWED DIVORCED T I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE SINAI HOSPITAL SALESMAN. RETAIL CLOTHING SUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 21208) 130. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? M.D. BALTIMORE BALTIMORE NO W 3203 TIMBERFIELD LANE FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE HYMAN^{RS} NEWMAN REBECCA HILLER 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT NEWMANS HARVEY (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 212-34-0170 21 HAMILL RD. 21210 SON BALT. MA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: 5 MIN CARDID - RESP. ARREST IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which CONGESTIVE HEART FAILURE gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause 10 DIFFUSE HISTOCYTIC LYMPHOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NEUTROPENIA, THRUMBOCYTOPENIA 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHEY MEDICAL EXAMINERS P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE AT WORK 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive on 8/2 abave, (I) (we) (did) (did nat) view the body after death 86, and that in (my) (aur) apinion death accurred an the date and have ond from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS A. PACO BELVEDERE AT GREENSPRING CHARLES 21215 BALTINGLE, NO. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION SBURIAL 8/3/86 MIKRO-KODESH BETH ISRAEL BALTO, BALTO, MD 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE SOL LEVINSON & BROS. DHMH - 16 60M 7/B4 6010 REISTERSTOWN RD. BALTO., MD. (21215) (VRA 15, 4)



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-10/10		CEASED NAME FIRST		MIDDLE	1	AST	20	DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
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may pag	3. SE	X	4. RACE		5 DATE C			AGE IN YEARS LAST BIRTH	HDAY) IF U	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
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a Harr		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MARRIE	0	BALTIMORE CITY OF	_	DEATH	
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1	130		AE OR OTHER INSTITUTION, DUNTY	13c. CITY OR TO		13d INSIDE CITY LIM	NITS?	STREET ADDRESS /	ZIP CODE		is tull
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nd 2	1	FIRST	MIDDLE	Nev		FIRST		MIDDLE	V	(rone	
		Paul WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	Katherine	=	ADDRES		POLIE	1 -
Poges	100	YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	077-30-	-6550	Sally S	B	Nev	San	2	
e b		18 CAUSE OF DEATH (Ente	only one couse ner			Daily 5	• 🕒 •	INCY	Jan		MATE INTERVAL ONSET AND DEATH
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guires signed hen pla to burn	z	PART 2 OTHER SIGNIFICA	NI CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	IE TERMINA	AL DISEASE OR COND	ITION GIVEN	IN PART 10	0,
law real law	CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20e AUTOPSY?	20b IF YES, W		
The ician.	E E							YES NO	YES [NO 🗌
Z T O D T 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	110110 4	M. MONTH I	DAY YEAR	21c. HOW INJURY C	DCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	AINER) P.		19	211 LOCATION					
or this ord wed or wed or	WED	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE	OF INJURY REE1, FACTORY, OFFICE	FARM ETC)	STREET		CITY OR TOV	NN	COUNTY	STATE
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T Hee		220.1 certify that (I) (this h saw the deceased of	AVGUS	e deceased from	71	nd that in (my) (our) a	pinion deo	th occurred on the do		-	that (1) (we) lost
RECT ed for em 2		obove (I) we) (did) (did)	d not view the body	alter deoth.	•	DEGREE				22¢ DATE	
TAL OR Y the I SAL DIS detach fore Decore De		ATM	ta 91	Mundo			ING Y	MEDICAL STAF		8/2	8/81
A Se E	1	224. PHYSICIAN'S NAME (T	YPE OR PRINT)			22e ADDRESS					1
TO HOSI etained TO FUN should b with the		STUA	RI A.	(Tro.	SSMA	600 N.	WOL	FE ST. B	ALTO.	MD	21205
Short Short	23a.	BURIAL, CREMATION, REMO	VAL 236 DATE			EMETERY OR CREMA		23d. LOCATION		OUNTY	STATE
BP		Cremation	8-29			n Mount		Balto.	C	CUNIT	Md.
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR		ADDRESS	905 Y	ork Rd. 2		C'D. BY REGISTRAR			URE
(VRA 15, 4)	IH	lenry W. Jen	kins & S	ons Co.	,Balt	0., Md.	AUG	29 1986	Fichia Davi	don- 1	MARCHE

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Linia White New 1 to 1 to 1 Estimans out .a. .U di evaluan ess Baltimons 4504 Wildows Re. Net. 218169. L LEWIS U. Franklin Franklin Frankling ETHER 21 TO BE WELLEN TO THE RECEIVED A THE ADMINISTRATION OF THE PARTY OF THE PAR Line Man Leiter Mant Leite. . - 1 - 7 - Y Henry . Jan in when wo, selto., va.

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE)
CERTIFICATE OF DEATH

	1 DE	CEASED NAME FIRST	MIDDLE	LAST		REG. NO		VC+02 - 1-01-1-01-1-01-1-01-1-01-1-01-1-01-
ಬ ಕ		OR PRINT)	MIDDLE			20 DATE OF DEATH		YEAR 26 HOUR
des	2.05	George	0.405	Nicholas				36 6:10pm
erto. p	3. SE	Male	RACE White	5 DATE OF BIRTH	1897	AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS MIN.
	1	RTHPLACE (STATE OR FOREIGN 7 COUNTRY) Greece	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER A	MARRIED D	BALTIMORE CITY O	COUNTY OF DEA	MD.
37	B	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MUCH HOSPI	IG HOME OR OTHER INST	INOITUTION	20 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE PR		KIND OF BUSINESS OR USTRY
35	3a S	AL RESIDENCE (IF PURSING HOME OR O TATE 13b COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE 13. CITY OR TOW	N 138 INSIDE	NO [SOF STREET ADDRESS		21202 eex.
200	14 FA	THER'S NAME FIRST M	IDDLE LAST		S MAIDEN NAME	E MIDDLF		LAST
medical		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 072 - 69	-9772 Arthu		ADDRE r, Esq. 5	Light St	. 21202
mayal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one cause per line lar (a), (b), and BY. CAUSE (a)	Block			88	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
Then please remave carb r ta burial, cremation, ar injury, ar ather traumatic	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) ATTLENDSC! DUE TO, OR AS A CONSEQUE (c) MYO CONDITIONS CONTRIBUTING TO DE	a'se	ART 1:0			
s ony	CERTIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	20a AUTOPSY? YES NO V	20b. IF YES, WERE IN CERTIFYING C YES [FINDINGS USED AUSES OF DEATH? NO [7]
tem 18 st	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FXAMINER)	21b TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR P	'ART 2]
h and Me irked ar I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.) 211 LOCATIC STREET	N	CITY OR TO	vn cou	INTY STATE
of Healt		27a I certify that (I) (this haspital saw the deceased alive on above, (I) (we) (did) (did not)	19	, and that in (my)		oth occurred on the do	te and hour and lea	, that (II (we) last om the couses stated
NT: If Item		Dennis V	ingand	YVVI		MEDICAL STAF	F	7-24-96.
should be det with the State IMPORTANT:	22 .		cansky N	1) 301	St Pa	ul PI F	BALT M	D 21702
	(URIAL, CREMATION, REMOVAL SPECBURIAL		eek Orthodox		Woodlawn	Bal to.	
60M 7/84		e onard J. Ruck I	nc. Baltimore,	Maryland	250 DATE	6294986°	syretical ababido	ignal/andalls

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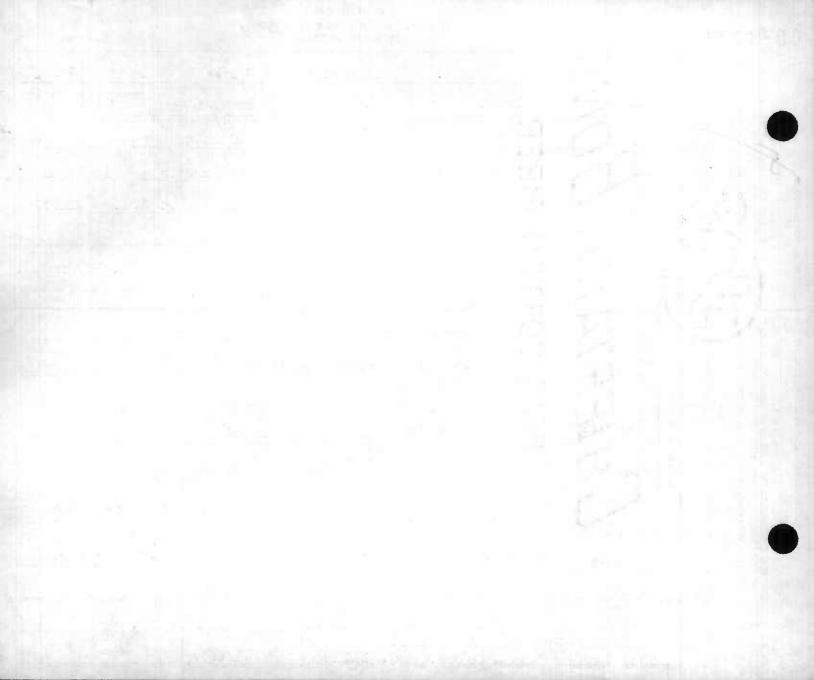
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Marifford Women &

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0-12140		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	M	IDDLE	1	AST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
oy be loge 3 deoth	11111	Harry	7	L.	I.	lieberlein	7/8/8%		7:20A
Po d	3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	R IF UNDER 24 HRS
ctor s of	L	Male	Cauc.		187	109/25 YEAR	70-60	YRS.	HOURS MIN
2 41 DE	7a. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF V	VHAT COUNTRY	B AAA DDIE	NEVER MARRIED	9 BALTIMORE CITY OR CO		
		Md.	USA		WIDOWE		Baltimore	City	A
0	10 C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	128 USUAL OCCUPATION	176 KIND RKING LIFE) INDUSTRY	OF BUSINESS C
〇章 蒙蒙 衛星	В	altimore	Union N	leacility, give street	Hespi	tal	Bookkeepe		Pepe
1 10 40 6	USU	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION O	INE RESIDENCE BEFOR	RE ADMISSION)	1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIF		
2 6110	130	Md.	-	Balto		YES X NO	4411 White	Ave.	21206
1 Valor	14. FA	THER'S NAME				15 MOTHER'S MAIDEN NA	ME		
- MACK		Andrew Niebe	rlein	LAST		Margaret	Rolfes	D	AST .
9 9 9	16a. \	VAS DECEASED EVER IN U.S. AF	MED FORCES?	16h SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS		
Poge Pege	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	217-09	-2218	David Nie	eberlein,74	13 M+ 17	icta F
he h		18 CAUSE OF DEATH (Enter of				David Nie	Dellein, 74.		DXIMATE INTERVAL N ONSET AND DEA
that the death certi- d by the attending p lease remove corban- iol, cremation, or ren- or other traumatic ev-		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUANT AS A CONSEQUANT AND A CO	JENCE OF	Severe Puli Thrombotic		urysm	
require	TION	PART 2 OTHER SIGNIFICANT							100
The low icion. te hos be sist permi giene pri shows on	CERTIFICATION	196 DATE OF OPERATION 6/19/86	SUNA.	_		N WAS PERFORMED	206 AUTOPSY? 201 IN	D. IF YES, WERE FIND CERTIFYING CAUSE YES [SINGS USED ES OF DEATH?
Z th O o H 8		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		MONTH E	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART OR PART 2)	
SIG ng ng ng ng ng ng ng ng ng ng ng ng ng	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.A.		19	211 LOCATION			
offendi offendi ter this ss the bu h and M	MEC	WHILE NOT WHILE AT WORK		ET FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATI
LDING Lor of Se after se as t		220 I certify that (1) this hosp	ital) attended the	deceased fram,	JULY	1986	to JULY !	1986	, tha (We)
TTEP pirto for of H		saw the deceased alive or obove (1) (we) (did) (did no	at view the bady of	lter death	BG . at	nd that in (my) our) apinion	death accurred an the date o	nd haur and Iram th	e causes stated
OR A DIREC DOREC Dept.		226. SIGNATURE	0 11	Tree deam.		DEGREE		22c. DAT	ESIGNED
		Treaph P.	rissette			MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7-1	18/86
PIT SPIT		226 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			-/-
TO HOSPITAL retorned by th TO FUNERAL should be dete with the Store MAPORTANT:		Joeseph	Bri	ssette		Union Memor	ial Hospital		
0 a 0 4 3 8	73a. l	BURIAL, CREMATION, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP	15	Burial	7/11	/86	Holv	Redeemer	Balto.,	Md.	STATE
DIMMI 14 4044 7 12 1	24 F	Schimunek Fu					E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNA	ATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		3331 Brehms				21213	1 1 1986	in Davidson-1	pandelile



-16827	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND EALTH AND MENTA CATE OF DEATH		EO REG. N	2 2	Ó %	3
oge 3	(TYPE	CEASED NAME FIRST		MIDDLE	+26	eng-		DATE OF DEATH	MONTH 8_2	8 86	4:00 PM
oge 4 mc lirector. p	3 SE	ETHPLACE (STATE OR FOREIGN	YV	WHAT COUNTRY?	5. DATE O	DAY , YE	3	AGE (IN YEARS LAST BI	YRS.	MONTHS DAYS	HOURS MIN.
neral o	5	MARYLAND ITY OR TOWN OF DEATH	U	S	MARRIED WIDOWED		D 2	BALFIM USUAL OCCUPAT	ine	CAy	MD.
hours ofte	USU		hevinda DR OTHER INSTITUTION		ADMISSION)	n & Ho	op		N	y 1	DUCATION
htro 24 H	14. FA	MARYLAND BAL	TO.	RANDALLS	NWOTE	YES NO [SICETORPIN	RD.,	*APT.204	#21133
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be executed by and some second some dictions of the second		VAS DECEASED EVER IN U.S. A YES, NOUNKNOWN) (IF YES, C	RMED FORCES? SIVE WAR OR DATES!	212-42	-8987	374 TAYLO		HARRIEUR LLS RD.,			NJ07726
that the death certificate d by the attending physicial lease remove carbon paper inf. cremation, or removal. or other traumatic event, this are other traumatic event, this		18 CAUSE OF DEATH (Enter- PART I. DEATH WAS CAUS IMMEDI Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	ay to	ma				APPROXI BETWEEN G	MATÉ INJERVAL INSET AND DEATH
requires en signec i. Then pl. or to buri	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT I	NOT RELATED TO TH	E TERMINA	L DISEASE OR CON	NDITION G	IVEN IN PART 110	
he low	CERTIFICATION	190 DATE OF OPERATION			OPERATION	WAS PERFORMED		YES NOT	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES []	OF DEATH?
SICIAN: Ting physici certificate urial-transition lygin lental Hygi	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	M. MONTH DA M.	AY YEAR	21c. HOW INJURY (OCCURRED	(ENTER NATURE OF IN)	JRY IN ITEM 18	PART I OR PART 2)	
ING PHY r ottendi After this as the bu lith and M	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	11	21f. LOCATION STREET	97	CITY OR TO	NWC	COUNTY	STATE
Spritel o septial o deforuse i of Heol		220.1 certify that (this has sow the deceased alive o above (we) (did) this	n	28 19		that in Fig. (aur) o	pinion deat	h occurred an the a	lote and ho	out and fram the	
TAL OK Ny the ho RAL DIRE detacher tote Dep		22b. SIGNATURE	n		D			NEDICAL STA		22c. DATE	SIGNED
HOSPI ained b FrunE ould be ith the S		22d. PHYSICIAN'S NAME (TYPI ESTRELITA	ORPRINT)	n		220 ADDRESS VEVINTAVE	HERSKE	NGERLATI	lie ci	SNIER +	HOSPITAZ

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO MD

23b. DATE

AUG.29,1986

230 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

SOL LEVINSON & BROS., INC.

21215

230 NAME OF CEMETERY OR CREMATORY

BNAI ISRAEL

BALTIMORE

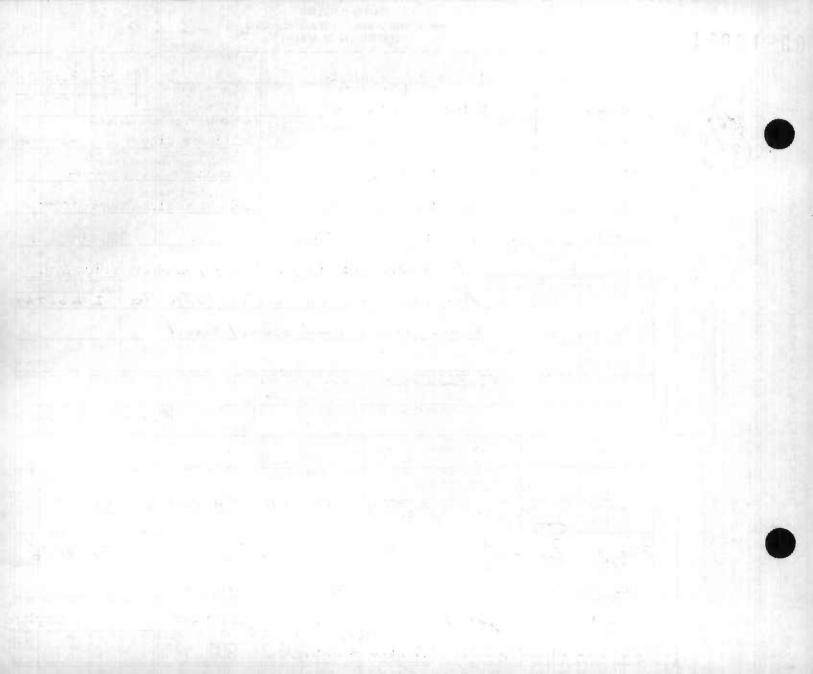
23d. LOCATION

COUNTY MARYLAND

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



16051	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLEALTH AND	MENTAL HYG	ENE 2	2 0	4	45m
1000.		CEASED NAME FIRST	MIDE	DLE	Ł	AST		2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
3 20	(TYPE	OR PRINT) Mary	Mine	erva	O'B	RADEN			8 16	86	10:30P M
200	1 5E.	X	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BE	RTHDAY) II	UNDER I YEAR	R IF UNDER 24 HRS
1100		Female	Whi	ite	Oct.	6	18	67	YRS	,	, noons min
からん	В	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY	? B	X NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
100	M	aryland	USA		WIDOWE	D DI	NORCED [Baltimore	City		MD
野地本	10. C	TY OR TOWN OF DEATH	11. NAME OF HOS			R OTHER INS	TITUTION	120 USUAL OCCUPAT		126 KIND INDUSTRY	OF BUSINESS OR
all of		altimore	4504 Fre			e		Homemaker		_	
d be		AL RESIDENCE (IF NURSING HOME STATE 136 CC	UNTY 13	COTY OR TO	WN	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		71779
		aryland =	F	Baltimo	re	YES 🔀	NO 🗌	4504 Frede	erick A	venue	-122/
d 2 s	14. FA	ATHER'S NAME	MIDOLE	TAST		15. MOTHER	S MAIDEN NAM	ME MIDDLE		t.	AST
la comp		James	W.	Gunn			ara	В.		Whea	t
Poges medico		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	SOCIAL SEC	CURITY NO.	17 INFORMA	ANT	ADDR	ESS		
P P		No	2	218-01-	1378	Willi	am J. O	Braden, 4	504 Fre		k Ave.
n signed by t Then pleose r r to buriol, cre injury, or othe	NOI	couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICAN	DUE TO, OR A			NOT RELATED	O TO THE TERM	NAL DISEASE OR COM	NDITION GIVE	N IN PART 1	lio
te hos beer giene prio shows ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITIC	ON FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	ING CAUSE	INGS USED S OF DEATH?
S 5 5 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.		DAY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T I OR PART 2)	
os the buriol-	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME STREET,		FARM ETC)	211 LOCATION STREET	OÑ T	CITY OR T	NWC	COUNTY	STATE
CTOR: Af for use o of Heoltl		22a. I certify that (I) (this has saw the deceased alive above, (I) (we) (did (did	on August not view the body att	eceosed from	86 .00		, 17	to Augu		ond from th	, that (I) (we) lost e couses stated
TO FUNERAL DIRE should be detoched with the State Dept IMPORTANT: If her		226. SIGNATURE PHAGE 226. PHYSICIAN'S NAME (17)	or Both		M	PEGREE 2.20 ADDRES		MEDICAL STA	FF CIAN 🗌	8//	SIGNED 86
th th		Dr. Gorbaty				1717	Gwynn (Dak Avenue			
F 4 3 ₹	23a E	BURIAL, CREMATION, REMOV SPECIFY) Burial	AL 23b. DATE 8/20,		NAME OF C	EMETERY OR		23d. LOCATION	e	COUNTY	Marÿlar
MH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTOR Ibbard Funeral	Home, Inc	., 416		1229 ens Ave		REC'D. BY REGISTRAL	256 REGISTRA	AR'S SIGNA	TURE



	1			STATE OF MARYLAND	768 4	A 10 10					
16919	1.	FOR Item 236 STATE TO/2786	& DFilm G620EPART	MENT OF HEALTH AND MENTAL I	ARCHERE 5	2093					
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	KEG. 140	D. MONTH DAY YEAR 25 HOUR					
6 £		OR PRINT)			IN DAIL OF BEATT	20 11001					
deoth deoth	3. SE	MAR	V A RACE	S. DATE OF BIRTH	AUGUST 3						
offe			Part Hall Comment	MONTH DAY YEAR		MONTHS DAYS HOURS MIN					
11		Pemale RITHPLACE (STATE OR FOREIGN	Caucasian	2 10 13		YRS					
207	1	COUNTRY	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED							
4		EW YORK	U.S.A.	WIDOWED DNORCED	BALTIMO	14					
3	4	LTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) DPKINS HOSPITAI	124 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Seamstres	WORKING LIFE) INDUSTRY .					
200	USU.	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)							
54		STATE H36-COU		Burnie YES NO X	P 13e STREET ADDRESS /	ZIP CODE 2106					
2 117		aryland A.	A. Gren i	15 MOTHER'S MAIDEN		is court 2100					
E A	17	FIRST	Didor	Expct	MIDDLE	Cannela					
0	160.	Thomas WAS DECEASED EVER IN U.S. AF			Danner - ADDRS						
die die		YES, NO OR UNKNOWN) IF YES, GI	DVC MAR OR DATECT	4104 Gregorio	en Burnie,	Maryland 21061					
E		No			N. OCTEMIA	APPROXIMATE INTERVAL					
t, to		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TOSOMOLOW AND USE									
ng p bong rem		IMMEDIA	TE CAUSE (o)	spucitory are	est	Chimines					
notic			DUE TO, OR AS A CONSEQU	JENCE OF		E dans					
deo otto otton roun		Conditions, if ony, which gove rise to immediate	(b) re	ual failure		5 days					
i e		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU		A serie Lange	whs/=					
0			101	ear caremome		Caucely 13 mo					
ury,	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TO	ERMINAL DISEASE OR CONE	NTION GIVEN IN PART 110					
× +	CERTIFICATION	aussen	marea cut	Ma Vascular 1	roasulate	al					
200	Į Š	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
-	- [101	YES NO	YES NO					
A		210 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR	URRED (ENTER NATURE OF INJUR	FIN ITEM TO PART I OR PART 2)					
	N N	(IF EITHER NOTIFY MEDICAL EXAMINE		19							
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC.) 21f LOCATION STREET	CITY OR TOV	NN COUNTY STATE					
		AT WORK NOT WHILE AT WORK				06					
5			oitol) ottended the deceosed from.	0/-	6, 10 81	31 , 19 86 , that (I) (we) lo					
23	15		ot) view the body ofter death.		on death occurred on the do	te and hour and from the couses stated					
		226. SIGNATURE	Y 0	DEGREE		22c. DATE SIGNED					
		00		MD ATTENDING PHYSICIAN							
/		274 PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDRESS	-, 11.1	4 10					
		TOULDHINE KO	OFN IND	108014	JOUS TIOPR	us Tospital					
	23a f	BURIAL, CREMATION, REMOVAL		CHECKING TO COME	RY 238 60 644 90 765	VINE A. A. CO.					
		(SPECIFY) BURIAL	9/5/86	Haven V4	A. Blen Burn	Lie A A Md					
2 /D /		UNERAL DIRECTOR		250. (DATE REC'D BY REGISTRAR	25h REGISTRAR'S SIGNATURE					
7/B4	Ra	vmond C. Fin	k Glen Burnie	Md 21061	SEP 0'3 . 1000	Asi Kin D.					

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Manual C. Distriction Street of Colored Mark C. Sciences

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W. PRESTON ST., BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, 201

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

1	1. DECEASED NAME FIRST	WIODIE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	(TYPE OR PRINT) EILEEN	MARY	O TOOLE	August 29, 1986 9:30 M
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	White	05/25/24	62 YRS DATS HOURS MIN.
2	70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
1	Maryland	USA	WIDOWED DIVORCED	Baltimore City MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		126 USUAL OCCUPATION 126 KIND OF BUSINESS OR
6	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET A Union M	emorial Hospital	Housework At Home
d	130. STATE 136 COUL			13e STREET ADDRESS / ZIP CODE
7	Md -		imore YES Yes	3039 Shannon Drive 2/2/3
	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	
	Michael Bu		Mary	O Donnell
٦	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS
	NO NO OR UNKNOWN) (IF TES, GIV	218-18	-9946 James J	. O'Toole 3039 Shannon Drive
1		ally one cause per line for (a), (b) and	IIdi A +	BETWEEN ONSET AND DEATH
	PART I. DE ATH WAS CAUSE IMMEDIA	TE CAUSE (a) TOD	able steule 19	hocardiac Tutatotion
		DUE TO OR AS A CONSEQUE	NCE OF A-	20000
	Conditions, if any, which	1 POLONO	SA LLIAM TIZ	sift than by
	cause (a), stating the underlying cause last.	DUE TO BONS AS PINSECULE	merty objection of	Since la con of a serie
		4 days	O ZGIESOLICI	USUNO ART CHIROL TO CHANGE
		CONDITIONS CONTRIBUTING TO D	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GIVEN IN FAIL 110
	INE DATE OF DEFRATION	TIM CONDITION FOR WHICH	OPERATION WAS PERFORMED	10s AUTOPSY? 20s. IF YES, WERE FINDINGS USED
-	110. ACCIDENT WAS UNDERLYING	N	ONC	YES NO W NEST NO NO
Š	210. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCUR	RED (EDUR NA UEL 10 HELDE III.) PART I OR PART 2)
F	OR CONTRIBUTING CAUSE OF DE.	AIH	19 NONE	reported to me
3	OR CONTRIBUTING CAUSE OF DE-	216 PLACE OF INJURY	211 LOCATION T	DO ANDIONAL ADUNTANO STATE
	WHILE NOT WHILE AT WORK	10 +14	west mas i	Sported to ME
		ital) enended the decessed from	Since	19, that (l) (we) last
		I Iview the body after death.		death acturred on the date and hour and from the causes stated
	77h SHOWATTES	11111111	DEGREE ATTENDING V	MEDICAL STAFF
	274 ANYSICIAN'S NAME LINE	a Hiller	PHYSICIAN P	DIRECTOR PHYSICIAN 10/2/105

Baltimore Nationar Cem

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR.

MPORTANT IF H should be detach

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

24 FUNERAL DIRECTOR Chas.S.Zeiler & Son Inc.6224 Eastern Ave.

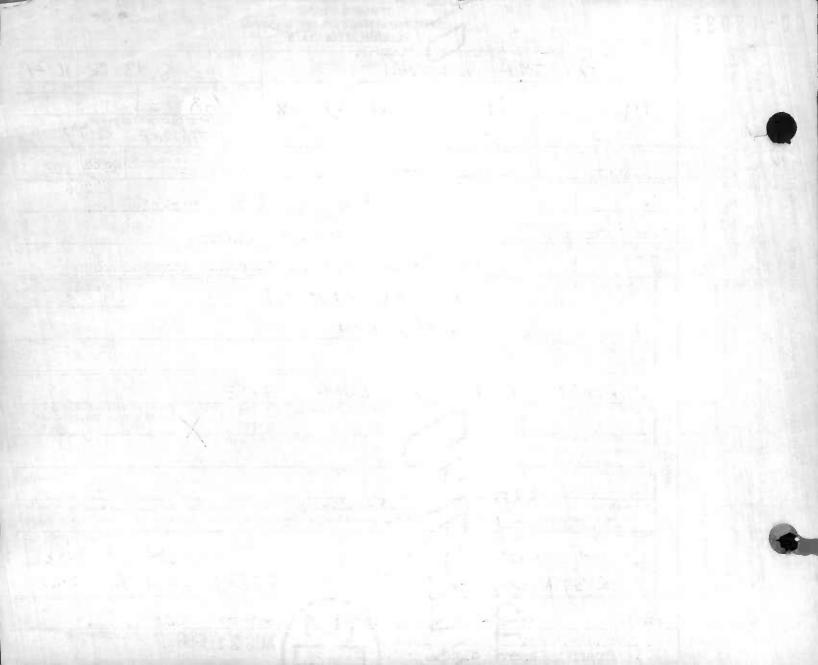
236 DATE 03/86

Baltimore , Md.

To a real resultations Sport of the real

AUB IS 1980 flow Similary for June

00-15933	FOR 1 - STATE		DEPARTA	STATE OF MARYL MENT OF HEALTH AND	MENTAL HOG	END	2 2 0	5 0)
	REGISTRAR	D = 1	*** 7.7	CERTIFICATE OF	DEATH	RE	G. NO.		
	I DECEASED NAME	Panuska,		iam J.		20. DATE OF DEA			7b. HOUR
ž ~ 6	TYPE OR PRINTS	PANUSKA	WILLI	M			8 13	3 86	10/2PM
0 0 0	1.56x	4 RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LA		FUNDER 1 YEAR	IF UNDER 24 HRS
a che.	Male	Cauca	asian	12 21	YEAR	, (7 yrs	ONTHS DAYS	HOURS MIN.
1 4 2 to L	70. BIRTHPLACE (STATE		OF WHAT COUNTRY?	8. MARRIED & NEVER	**************************************		Y OR COUNTY	OF DEATH	1/
# 15 5	Md.	τ	JSA		NORCED [BALTI	MORE	CIT	MD.
70 1 1 1	IB CITY OR TOWN OF		OF HOSPITAL, NURSIN	G HOME OR OTHER INS	STITUTION	170. USUAL OCCU	PATION OST OF WORKING LIFE)	12b. KIND OF	BUSINESSOR
5 7 7	Baltimore	Fra	ancis Sco	tt Kev Med	d. Cen	Manage		Data	ESSING
212	13a STATE	URSING HOME OF OTHER INSTITUT	13c. CITY OR TOW	ADMISSION)	200	13e STREET ADDR		2120	
9 4 50	Md.		Balto.	YEXX	NO 🗌		arkside	e Dr.	
1 1 1	14. FATHER'S NAME	WIDDIE	LAST	15 MOTHER	'S MAIDEN NAM	AE MIDE	N.F.	LAST	
W W III	Joseph Pa			Ban	rbara	Prewer		thu.	
# P P P	160 WAS DECEASED EN	ER IN U.S. ARMED FORCE:		RITY NO. 17 INFORM		A	DDRESS	100	
IMO TO TO TO	no	The test of the train of the test	219-03-	4238 Doro	othy Pa	anuska	same ad	dress	<u> </u>
SALT Special Col.	18 CAUSE OF DE	ATH (Enter only one couse			n			APPROXIA BETWEEN O	MATE INTERVAL DNSET AND DEATH
The state of the s	PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	CARDI	AC AK	REST				
N 5 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				NCE OF A					- 7
Breed dear	Conditions, if		PN EU	MONIA	435			107.51	
2 2115	gove rise to cause (a), st		OR AS A CONSEQUE	NCE OF				0.8	
W to the state of	underlying co	use last (c)							
20 and		IGNIFICANT CONDITIONS	CONTRIBUTING TO	EATH BUT NOT RELATE			CONDITION GIVE	N IN PART 110	1
M The state of the	& CHRO	NIC OBS	TRUCTI VE	E LUNG	+ DISE	ASE			
00 1 116	3 190 DATE OF OPE	RATION 196. CO	NDITION FOR WHICH	OPERATION WAS PERFO	ORMED	20e AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
¥ 25 251	HI L	MARLE LINE				YES NO	YES		NO 🗆
N STORY OF STREET	71a. ACCIDENT WAS		E OF INJURY A.M. MONTH DA	Y YEAR 71c. HOW II	NJURY OCCURR	ED (ENTER NATURE)	INJURY IN ITEM 18 PAI	RT I OR PART 2)	
PRYSICIAN: rendering physic this certification for being intrumed for being internal types and or teem 18 is	(IF EITHER NOTIFY)	_ CAUSE OF DEATH	P.M.	19					
NO MARIA	21d. INJURY OCC		CE OF INJURY	211 LOCAT		CITY	OR TOWN	COUNTY	STATE
No of Party And	WHILE NO	WHILE WORK	. STALL I, PACIONI, OFFICE, F	, and, 6101					
A STORY OF THE PERSON OF THE P		(I) (this hospital) attendes		8/13/86	19	, to	//3 1	9 86	hat (I) (we) lost
E 673 2 2	saw the dec	eased alive onel(did)(did nat) view the bo	15 19 19	ond that in (my	r) (our) apinion o	leoth occurred on t	he date and haur	and from the c	auses stated
22 275 1	226 SIGNATURE	V. 0	11 1	DEGREE				THE S	IGNED
A BANGE	(mu	stine C	Harl	er MP	PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	18/13	18h.
Par Se Par I	77d. PHYSICIAN'S	NAME (TYPE OF PRINT)	1100	77e ADDRE				110	21221
D FUNI could b in the	CHR	STINE	. HAPPETE	1 499	O EAS	SI ERN,	BALT	MPO	11224
51 5113	230. BURIAL, CREMATIC	ON, REMOVAL 236. DATE	23c N	IAME OF CEMETERY OR	CREMATORY	23d. LOCATION			
BP	Burial	8-18	8-86 но	ly Redeeme	er Ceme	etery	Ralto	, Md.	STATE
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR	k Funeral			250. DATE	PEC'D BY RECIP	86 23b. REGISTR	ARIS SACONATO	ART THE PARTY OF T
(VRA 15, 4)	3331 Br	shme Lane.	Balto.	Md 2121	3 A	00 2 1 13	00		



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- Committee of the Comm

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. October 1981 March 1

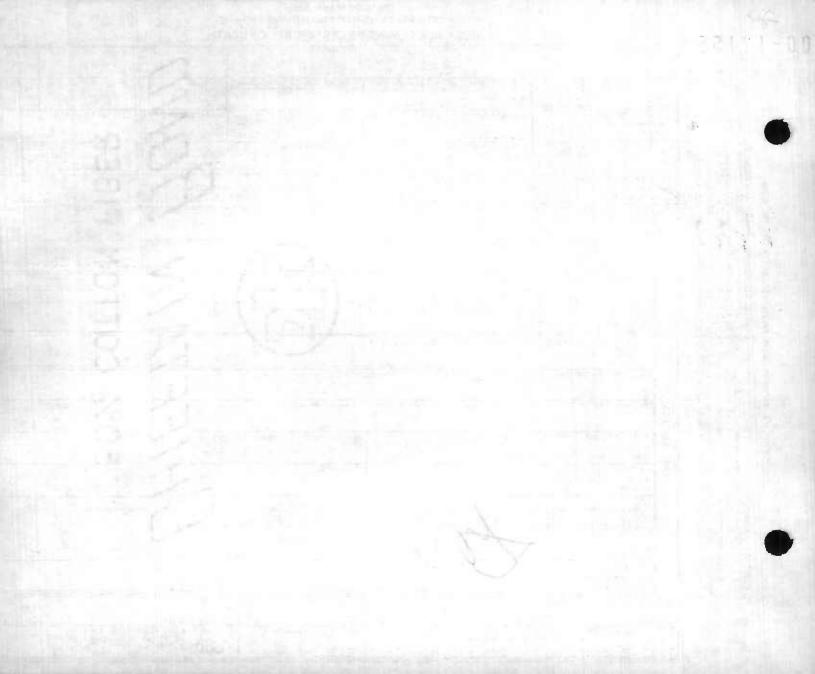
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	7			#18a,b	,22a,Fi		/15/86 STA	HEALTH	AND MEN	YH LATE		2 2	0:	j ,	4	
nn		2155		REGISTRAR		MEL	DICAL EXAMIN			ATE OF	DEATH	REG	NO.			
0 0	- 1	2133		CEASED NAM	E FIRST		MIDDLE	L	AST		2a. D	ATE KNOWN OF ESTI-	MONTH	DAY	YEAR	26 HOUR
		ASE. S.			Leona		C.		arker			ATH MATED	- ' '		1986	M
		SIN	3. SE)	(4 RACE	5. DATE OF BIRTH	YEAR LAST BIRTHE	DAY) MONTHS		UNDER 24		DATE	HINOM	DAY	YEAR	12 HOUR
		OUR.	Ma l	le	White	11 6 1		YRS.	DATS I	NOOKS N		DEAD	7/	6/	1986	a M
		SS A FIST	70 B	RTHPLACE (S	JATE OR	76. CITIZEN OF WH	IAT COUNTRY?	8 MARRIE	D NEVE	R MARRIED	* 9 B/	ALTIMORE CIT	Y OR COUN	TYOF	PEATH	
		NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS WORESTON STREET,		lahoma		U.S.A.		WIDOWE	=	DIVORCED		Baltimo	re Ci.t	V,		MD.
		お本が日子ンノ		ITY OR TOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM	E, OR OTHE	R INSTITUTIO	II NC	2ª USUAL C	CCUPATION OF WORKING LIFE)	TYPE OF WORK	125 KII	ND OF BUS	
		No all	1 .,	Baltim	ore		cal Center				Boile	rmaker			al 6	
	=	Separate Sep		AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	SION)	S I INCOME CITY	Linux Iv						
	2120	* ZEE 200		rvland	Balti		Dundalk		YES T	NO X	2 025	Dineen	Drive		2	1222
	9	1 1 1 2 Z	-	ATHER'S NAME					15. MOTHER'S							
	M.	1000	J61	FIRST		MIDDLE	Parker		Ethe			MIDDLE			LAST	
	NO.	30830	Ióa V	WAS DECEASE	D EVER IN U.S. AR		16b. SOCIAL SECURI	TY NO.	7. INFORMA			ADDR	ESS	20	nes	
	BALTIMORE, MD. 2120	A TANK	No	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	434-72-35	71	John I	Parke:	r, Jr.		Sam	e as	s 13e	
		20 5 E		18 CAUSEO	F DEATH (Enter on	ly one cause per line	far (a), (b), and (c).)	A						AI	PROXIMATE	INTERVAL AND DEATH
	S	SENERAL PROPERTY		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a)D	elirium	Treme	ns &	Fatt	y Li	ver		0.71	VEET OT VEET	AND DEATH
	STO	SEGRED S		111	1		AS A CONSEQUENCE		0.50 (1.50)	100	dio de					
	98	E SENERAL SENE			ns, if any, which	(b) C	hronic A	lcoho	lism							
	3	NAME AND	1	couse (a)	stoting the under-	< ,-,	AS A CONSEQUENCE		76.	141/	100	114				
	201	PANA NA		lying cou	ise lost.	(c)								1		
	DIVISION OF VITAL RECORDS,	E DECUT DICAL EX A BURIA TH AND A EMATION		PART 2 OTHER SI	GNIFICANI CONDITIONS	CONTRIBUTING TO GEATH B	OUT NOT RELATED TO THE TER	MINAL DISEASE (OR CONDITION GI	IVEN IN PART I	10.					
	S.	明古田の口屋	CERTIFICATION	10000								- 14.15				
	A R	B # 8 # 4	5	190, DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION WA	S PERFORME	ED?				20 A	UTOPSY?	
	Y	2825557	I E												ES XX	NO 🗆
	9	A SHE WAS			AL CAUSE WAS	21b. TIME OF HOUR A.M.	INJURY MONTH DAY YEA	AR 21c. HO	W INJURY O	CCURRED	LENTER NATUR	OF INJURY IN ITEM	M 18 PART 1 OR PA	RT 2)		
	ON	CERTIFICA TING THE SED TO THE 3 SHOULD DEPARTM PRIOR TO	MEDICAL		OR NG CAUSE OF		19						-0.783			1
	NS	S S S S S S S S S S S S S S S S S S S	AED MED	21d. INJURY C	OCCURRED	STREET FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOC	ATION REET		CITY	ORTOWN	co	UNTY		STATE
	0	RE. THIS CERTIFICATE SHOUD ATE, WRITING THE WOOD PER DRWARDED TO THE CHIEF RE PACE 3 SHOULD BE USED ESTATE DEPARTMENT OF HE ID, 21201 PRIOR TO BURIAL	1	AT WORK	NOT WHILE C											
		ATE, TARE, PARE, P		22e I certi	fy that I taok charg	je of the remain desc	ribed above, held an	Autopsy	X. 10	nspection [Inc	quiry .	and in my or	oinian		12.00
		A CHAPTER STATES	3	death result	ed from: Natur	rol couses	Arctident . S	uicide .	Homicide	e .	Undetermin	ed manner],			
		ARIA MER		200		AN	11/		TITLE (SPE	CIFY)						
		A A SECOND		ACTUAL SIGNATURE.		V	///	M.D	Assi	stant	_MEDICAL	EXAMINER	DATE	D	7/6/8	6
		DIC NER SHOW	1	EXAMINER'S		1	V									
		A S S S S S S S S S S S S S S S S S S S		TYPE OR PRI	NT)Cre	cory R. Ka	ouffman, M.	DA	DDRESS		1 Peni	st.				
		TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMA	TION, REMOVAL 2		23c NAME OF CE		CREMATORY	Y	23d LOCATI	ON	cou	NTY	STA	ATE
	07/84	BR214	Bu	rial		7/10/1986	Eastvie	-W				imore			Maryl	
	25M	DHMH - 17	24 F	UNERAL DIREC	TOR Duda - R	uck, Inces		- 17	250	DATE REC	C'D. BY REG	ISTRAR 256 R		IGNAT		
		(VR A15 ME (S))					k Marular	nd 21	222	JUL 1	1 198	10 gina	, Davidson			



	Items 23h, Film G619	DEPARTMENT	OF HEALTH AND MENTAL	IYGJENE 2 2 C	5 3
00-81653	REGISTRAR	MEDICALEXAM	INER'S CERTIFICATE	PEATH REG. NO.	
0	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN X MC	ONTH DAY YEAR IL HOUR
英名均置中	MILFORD	G.	PARKER Sr.	DEATH MATED	8 2319 86 M
PY, PLE DIRECTO TZ HOUR FIL	Male Cru. 5 DA	TE OF BIRTH, YEAR 6 AGE (IN YEARS IF UNDER I YR. IF UNDER RIHDAY) MONTHS DAYS HOURS	24 HRS. 21. DATE MO PRONOUNCED DEAD	8 23 19 86 24 HOUR
PARTY NAMED IN THE PARTY NAMED I	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	IZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR		DUNTY OF DEATH
PAGE S	V	AME OF HOSPITAL, NURSING HE NOT IN SUCH FACILITY, GIVE STREET ADDR.	ESS)	12a. USUAL OCCUPATION (TYPE OF W	
AND 3 THE RETAIN HOULD B	USUAL RESIDENCE (IF IN MURSING HOME OR OTHER 130 STATE COUNTY	INSTITUTION GIVE RESIDENCE BEFORE ADD	MISSION) /N 13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	99999
RE. MO.	4 FATHER'S NAME FIRST MIDD	LE LAST	15 MOTHER'S MAIDE	EN NAME MIDDLE	LAST
ALTIMO ALTIMO TH FORM MAGES H MISION B	160. WAS DECEASED EVER IN U.S. ARMED FO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR		40892 Revis	OMNE YAPPRESSIV.	Malken Str
TRESTON ST., B. C.	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: IMMEDIATE CAU		bral and thoracio	c trauma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a) stating the under-	(b)			
	Lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	(c)		AT 1	
ECORDS BE EXECUTE BE DICAL WEDICAL AS A BU ALTH AN		TIME TO DEATH BOT NOT RECEIVED TO THE	TERMINAL DISEASE OF CONDISION DIFER IN PA	KI (10	
TALR HOULE NOSED OF HE	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED?	74 400	20 AUTOPSY? YES NO □
N W W W W W W W W W W W W W W W W W W W	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART 1	
SION OF RTIFICATI NG THE V SHOULD SPOULD ROOK TO		8:25 M. 8 23	86 Pedestrian st	truck by bus	
	UNDERTRING ON ON THE	21e PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUNTY STATE HOWARD.
WINE FICA FITHE AND AND AND AND AND AND AND AND AND AND	The second second	e remains described bove, held a	Suicide , Hamicide	n , Inquiry , and in r	ny apinian
EDICAL EXA UTE THE CERT A SHOULD A SHOULD DINERAL DIRE ORE, MARRI	SIGNATURE ULL	1. gan	M.D. Assistant	MEDICAL EXAMINER S	ATE 8/24/86
TO MEDI TO MEDI PAGE 4 TO FUNE BATTER DE	THE STATE OF THE S	s P. Kokes, M.D	ADDRESS	Penn St. Balto.MI	
999 BP	THE SURFAL DIRECTOR	1/8c (11.	MEJERY OR CREMATORY O, Natl.	23d 19CATION JOWN , Pen	mr
DHMH - 17 (VR A15 ME (5))	In Curle	2 AD REST / 2W.	North A-SEP	2-1996 guille Dame	and property



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERT REGISTRAR REG. NO FIRST DECEASED NAME TO DATE KNOWN X MONTH 26 HOUR (TYPE OR PRINT) DEATH MATED Logan 10 1986 Parr Christopher 4 RACE IF UNDER I YR. 2d HOUR SEX JE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 2:05 M Male White Mar. 12.1980 DEAD 10 1986 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED DIVORCED CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION STYPE OF WORK 12b KIND OF BUSINESS Baltimore Johns Hopkins Hospital Student UAL RESIDENCE (IF IN NURSIFE ADMISSION) 21401 134 COUNTY 134 INSIDE CITY LIMITS? 130 STREET ADDRESS 130 CITY OR TOWN A.A. Annapolis 735 Whitehall Beach Road NO I ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST William Parr Sandra Ann Lewis 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO ADDRESS Same as No #13 William Kyle Parr APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OR REMOVAL, BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD, "PIPE A SHOULD BE FORWARDED TO THE CHIEF I TO FUNEAD DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARKJAND, 21201 PRIOR TO BURIAL, YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 21 UNDERLYING MOR HOUR AND MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 5: 49PM 8 1986 bicyclist struck by truck 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 Beachfield & WhiteHallBeach Rds, Annapolis, WHILE AT WORK road Autopsy X 220 I certify that I took charge of the remains described above, held on Inspection ond in my opinion death resulted from: Homicide Undetermined monner Notural causes TITLE (SPECIFY) SIGNED 8/11/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE STATE Burial Aug. 13.1986 Hillcrest 07/84 Annanolis 25M 24 FUNERAL DIRECTOR **DHMH - 17** Taylor Funeral Chapel, Annapolis, MD (VR A15 ME (5))

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with 24 hours after retained by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completed. It is in the should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages I and 2 should be that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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IMPORTANT: If Hem 21

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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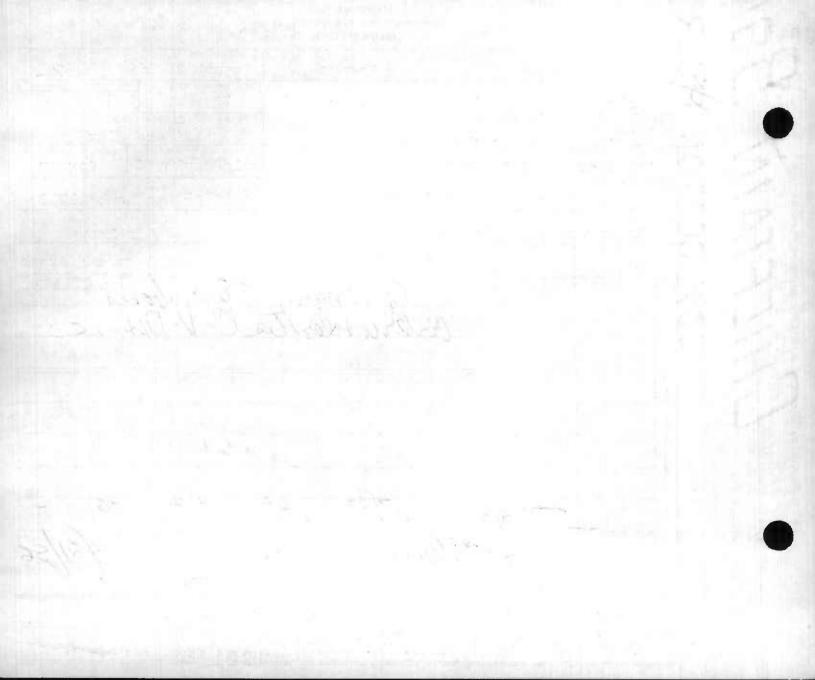
1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
ľ	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
1	Pet	er	Pasqua	August 20 1986 7 A
1	3.5EX	4 RACE	S. DATE OF BIRTH	6 AGE [IN YEARS LAST BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1	Male	White	Jan. 12 1907	79 YRS.
1	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
×	Md.	U.S.A.	WIDOWED DIVORCED	Baltimore City MD
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		12a USUAL OCCUPATION 12b KIND OF BUSINESS OR
1	Baltimore	3633 Brehms 1	Lane	self-employed Barber
1	JSUAL RESIDENCE (IF NURSING HOME O 130. STATE Md.		N 136 INSIDE CITY LIMITS?	3633 Brehms Lane 21213
1	14 FATHER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN N	AME MIDDLE LAST
Ì	Salvatore	Pasqua	Giovan	
1	160 WAS DECEASED EVER IN U.S. AF		RITY NO. 17 INFORMANT	ADDRESS
ł	IYES NO OR UNKNOWN) (IF YES, GI	219-07-1	1574 Salvatore	Pasqua (son) same address
		DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D		MINAL DISEASE OR CONDITION GIVEN IN PART 110
	INDUSTRIAL TO THE TRANSPORT OF THE TRANS	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
	OR CONTRIBUTION CHIEF OF OF		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF SET OF THE NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FA	21f LOCATION	CITY OR FOWN COUNTY STATE
	sow the deceased alive or above (I) (we) (did no	ottow the body ofter death.	The state of the s	n death occurred on the date and how and from the causes stated
	72b. SIGNATURE	Alexander Stores	ATTENDING PHYSICIAN	MEDICAL STAFF MEDICAL STAFF DIRECTOR D PHYSICIAN D
4				
	22d. PHYSICIAN'S NAME (TYPE		27e ADDRESS /	rdman Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

^{24 FUNERAS CHIMUNEK Funeral Home, I nc.} 3331 Brehms Lane, Balto. Md. 21213

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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injury, or other troumotic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

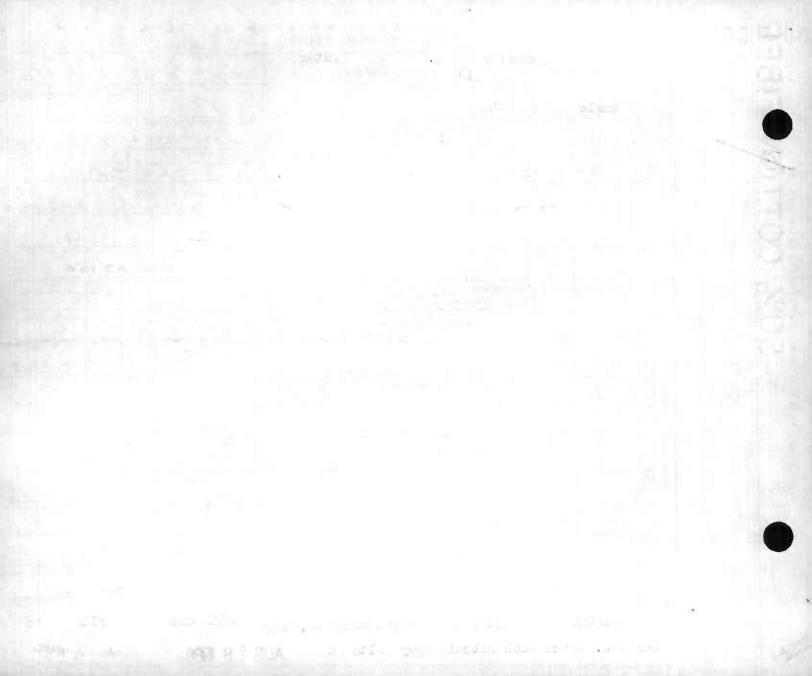
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н	REGISTRAR		KIIIICAIL OI DEAIII	REG. NO.	
Ī	DECEASED NAME FIRST LOTT	raine MIDDLE D.	LAST Pater		DAY YEAR 26. HOUR
1	L orgine	D	Pater	8 14	184 8:45 pm
3	1 SEX		7110 01 011111		IF UNDER 1 YEAR IF UNDER 24 HRS
1	Female	White	MONTH DAY YEAR 33	5-2 YRS.	MONTHS DATS HOURS MIN.
I		CITIZEN OF WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUNTY	OF DEATH
	PenniyIvania		DOWED DIVORCED	Baltimore 1	c/ty MD.
		NAME OF HOSPITAL, NURSING HO		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
4	Baltimore S		e General Hosp	1 1brarian	School
I	USUAL RESIDENCE (IF NURSING NOME OR OTHER	R INSTITUTION GIVE RESIDENCE BEFORE ADMIS	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
	maryland A.A	Linthicum H			re Rd . 21 090
I	1 FATHER'S NAME FIRST MIDDLE	LE LAST	15. MOTHER'S MAIDEN NAM		AACY
J.	JAnthony J	SKOSKA		-	Lulis
T	60 WAS DECEASED EVER IN U.S. ARMED			ADDRESS	
	No No	212 30155	2 Robert Dat	er same	AS 13E
T	18 CAUSE OF DEATH Enter only on	ne couse per line far (o), (b), and (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I	PART I. DEATH WAS CAUSED BY IMMEDIATE CA	10.01.1301-1	monory arrest		40 minutes
1		DUE TO, OR AS A CONSEQUENCE	OF		
1	Conditions, if any, which	(b) Unkn			
1	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	OF		
ı	underlying cause last.	(c)		THE BUILDING LOW	
1		DITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART I I a
	System Curry 190 Date of Operation 210. Accident was underlying	19 CONDITION FOR WHICH OPER	enal failure.		
7	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
	=======================================			YES NO YE	S NO
1	OR COLUMN TO CAUSE OF THE CO.	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
ı	9	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM E	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK				
1	220.1 certify that (1) (this hospital) of	attended the deceased from	7-11 1956		19 F 4 , that (II (we) last
ı	sow the deceased alive an abave, (I) (we) (did) (did not) vie	ew the body alter death.	, and that in (my) (aur) opinion d	eath occurred on the date and hou	and from the causes stated
	22b. SIGNATURE		DEGREE	MEDICAL STAFF	22c. DATE SIGNED
1	In Rienelos			MEDICAL STAFF DIRECTOR PHYSICIAN,	8-14-84
١	224. PHYSICIAN'S NAME ITYPE OF PRIN	VI)	22e ADDRESS		
1	Ma-KE. R	2 osenbloom, m.	0. 3001 S. He	anover. Basts	more, no.
T	1 CONTRACTOR OF THE CONTRACTOR		E OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	8/18/86 Holy	Rosary Cemetery	Baltimore	Balto Md
	George J. Gonce 40		25a DATE	REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
1	George D. Gonce 40	or urrecure usah	Dalto Md AU	6 1 8 1986 Frain of	mindon-Nonper

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESION SI., DALLIMORE, MARITAND 21201)	
	estro.	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	de 4 may be	
etained by the haspital an attending physician.	1	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely find it by the attending	ecter. page 3 CO	
should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages Y and 2 of July	in after death	
with the State Dept- of Health and Mental Hygiene prior ta burral. crematian, or removal.		

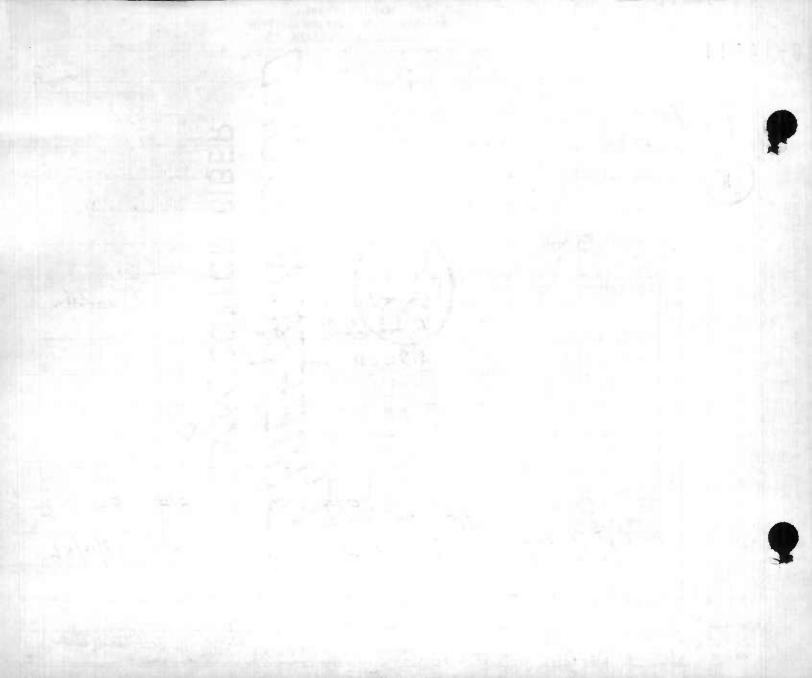
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE

22051

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
	CEASED NAME FIRST		MIDDLE	- L	ASI	20. DATE OF DEATH		AY YEAR	26 HOUR
(TYP)	Frederick S	Paul				8/8/86			250M.
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
1	Male	White		6/16		80	YRS.		HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Maryland	U.S.	Α	WIDOWE	XX	Baltimore	City		MD.
I C	ITY OR TOWN OF DEATH	1. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUPATI	NC		F BUSINESS OR
Ba	Atimore City /		es Hospit	_		Assembly I			al Motors
USU	AL RESIDENCE HE NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION!	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
		imore	Arbutus	4	YES NO NO	5208 Carro		21227	
	ATHER'S NAME	CONTRACTOR OF THE PARTY OF THE			15 MOTHER'S MAIDEN NA	ME			
/		MIDDLE	LAST		Musette Fear	WIDDLE		LAS	1
160	Stephen Paul WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	216-01-5	035	Katherine Pa	ul 5208 Car	roll H	21. 212	27
	18 CAUSE OF DEATH (Enter or	ly one couse per							MATE INTERVAL
	PART I. DEATH WAS CAUSE	Ď BY: TE CAUSE (a)	C	nd	is anset			ul	Len.
	IMMEDIA			NCE OF	1 1		J. P.		
	Conditions, if any, which	DUE 10, O	R AS A CONSEQUE	NCE OF	roleal Inta	retion			
	gove rise to immediate couse (a), stating the	10)							
	underlying couse last.	DUE TO, O	R AS A CONSEQUE	320	1D advance	ed			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	E ATH BUT	NOT BELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	ENLINI DADT 1	
Z	I AKI 2 OTTEK SIOINI TEATY	CONDITIONS CO	SIVIKIBOTIVO TO E	ZEAIII BOT	NOT RECAILED TO THE TERM	THAT DISEASE OR COIL	011014 0171	ELA HAT WELL	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	WERE FINDIN	VGS USED
FC						YES TI NON	IN CERTIFY	YING CAUSES	OF DEATH?
ERT	218. ACCIDENT WAS UNDERLYING	1 216. TIME C	F INJURY		21c HOW INJURY OCCURE				140
	OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA			(1000)			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P. PLACE	M.	19	211 LOCATION				
ME	WHILE NOT WHILE		REET FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK				0/4//0	6.0	10	0/	
	22a 1 certify that (1) (this hospi		07/03 /	26	19 67	, to		19_66	that (I) (ver) ost
	sov the deceased alive on obace (1) (did (did no	t) view the body	otherdeath.	distance of	nd that in (our) apinion	death occurred on the do	ite and hour		
	The SECTION I	+ 4	1	/	ATTENDING	MEDICAL STAL	F	22c DATE	SIGNED
	Newal	d. de	rellas	-		MEDICAL STAI	IAN	0/7	106
	224 PHYSICIAN'S NAME (119)	freeze ft			22e ADDRESS				
	Herbert J.I	evickas			5404 East	Drive 21227			
	BURIAL, CREMATION, REMOVAL		23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	CLAIF
	Burial	8/11/	86	oudon	Park Cemetery	CITY OR TOTAL	City		STATE
24 F	UNERAL DIRECTOR	0,11,			25a DAT	E REC'D. BY REGISTRAR	ISI REGISTA	AR 5 SIGNAL	LUFE DO

DHMH - 16 60M 7/84 (VRA 15, 4)

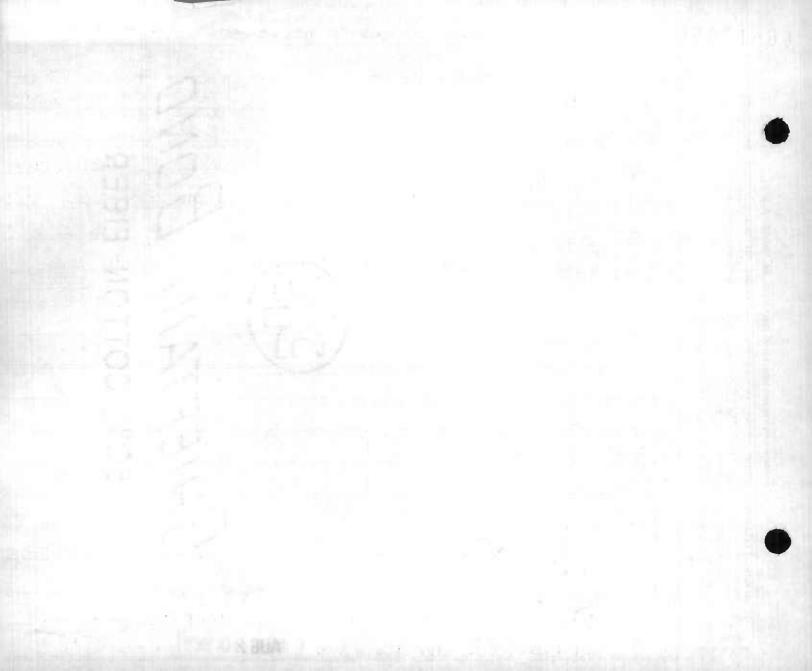
Ambrose , Inc. 1328 Sulphur Sp. Rd. 21227



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIFNE 1 - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Tran Peace 1119 86 SEX 4 RACE 5 DATE OF BIRTH IF LINDER 1 YR IF UNDER 24 HRS 2c. DATE 1:38A YEAR LAST BIRTHDAY) RONOUNCED 1086 68 DEAD Male Black 76. CITIZEN OF WHAT COUNTRY? A RIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Maryland U.S.A. Baltimore City, DIVORCED ID CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Baltimore 881 Bethune Road Unemployed SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore YESXX 818 Bethune Road NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Randolph Tola Hendericks Peace 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16b. SOCIAL SECURITY NO **ADDRESS** (IF YES GIVE WAR OR DATES 218-98-9744 Iola Peace 818 Bethune Road 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 4 I CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? TO BURIAL, 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING STOR CONTRIBUTING CAUSE OF DEATH 1:30 XXX 8 11 10 86 Subject shot 21e PLACE OF INJURY TATHOME. 21 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE NOT WHILE apt. bldq. 881 Bethune Rd. Baltimore MD. 220 I certify that I took charge of the remains described above, held an Inspection Inquiry Homicide X Natural causes Undetermined manner death resulted fram: TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8/11/86 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. 230. BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 8/15/86 Garrison Forest VETERAN Owings Mills, Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Homes 1101 East North Avenue (VR A15 ME (51)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE-OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWNX (TYPE OF PRINT) ESTI-DEATH MATED 19 86 GEORGE PEEPLES 4 RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE 24 HOUR :45 M PRONOUNCED DEAD 1986 Mar. 28 Male White 75 YRS BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED X Baltimore City U.S.A. DIVORCED ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore 1535 Cole St. Foreman Balto, City 3n STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 1535 Cole Street NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRS LAST BALTIMORE, Peeples Judy George UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS T. PAGES DIVISION No 218-10-2891 Charles T. Peeples, 404 Third Avenue 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GET BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. CERTIFICATION E 3 SHOULD BE USED F E DEPARTMENT OF HEA USED / 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NOX 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION AT WORK AT WOO STREET, FACTORY, FARM, ETC.) CITY OF TOWN 22a. I certify that I took charge of the remains described above, held an Inspection death resulted from: Natural causes Accident Hamicide TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M 8-18-86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS_ 23e BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Good Shepherd Cemetery Ellicott City Burial 8/21/86 Howard Md. 07/84 BP 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 21229 **DHMH - 17** (VR A15 ME (5)) Hubbard Funeral Home, Inc., 4107 Wilkens Ave.



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VITAL RECORDS, 201 W. PRESTON ST

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH

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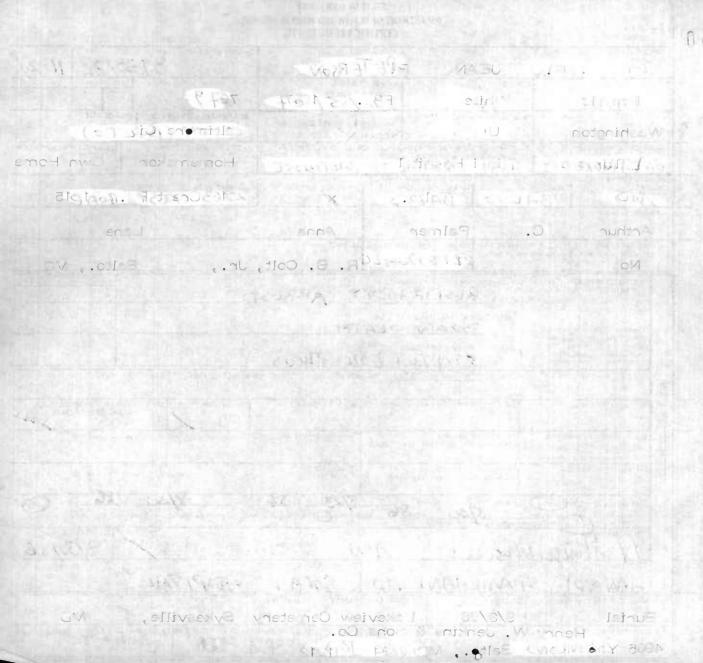
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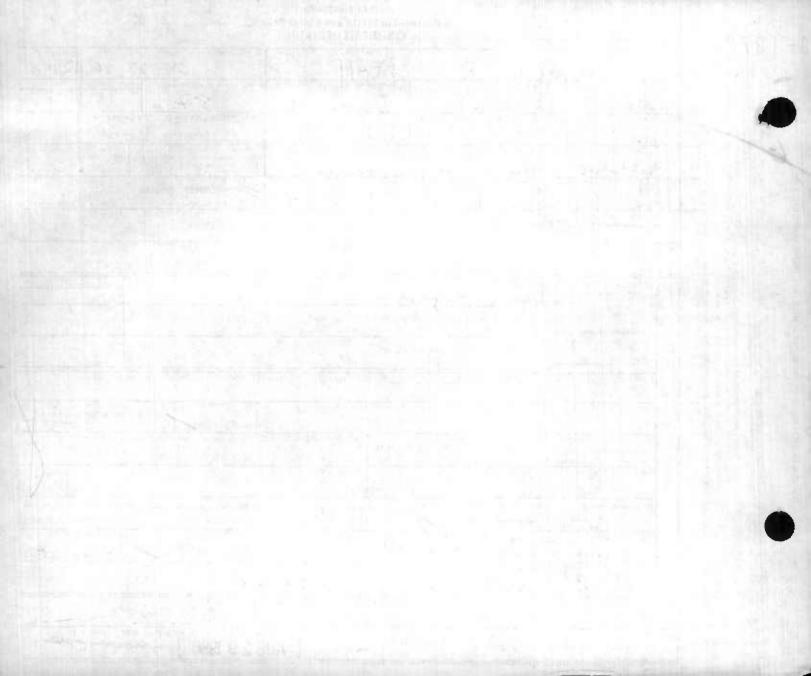
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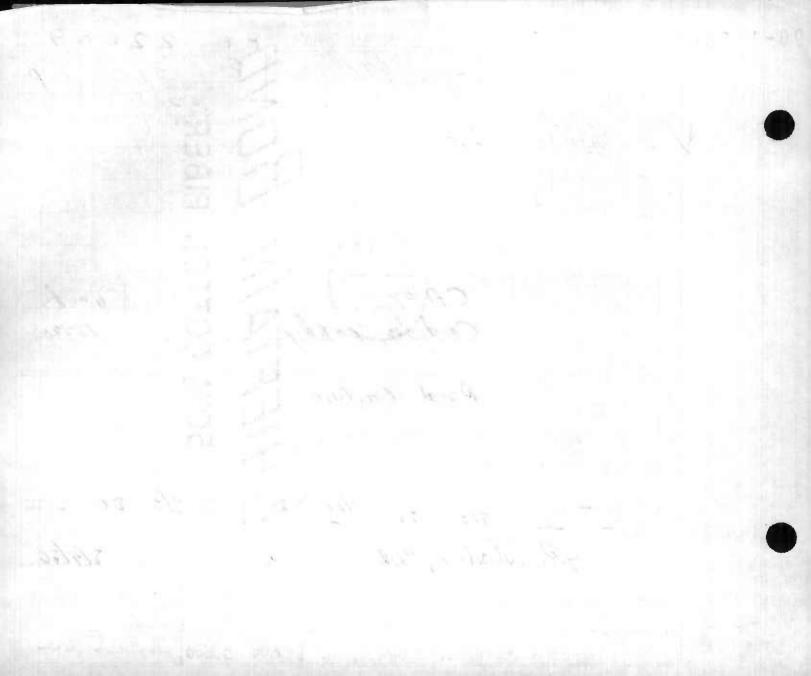


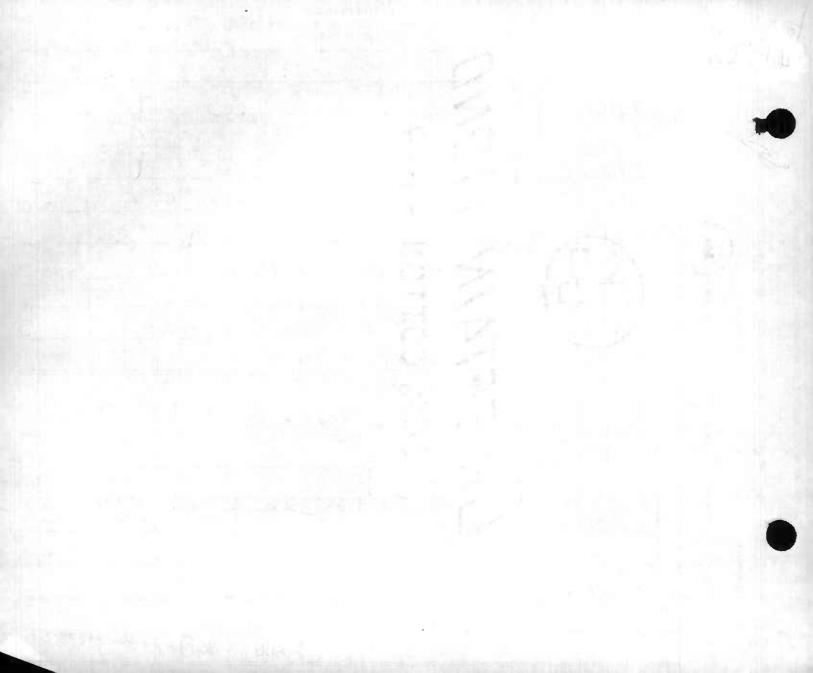
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STATE OF MARYLAND

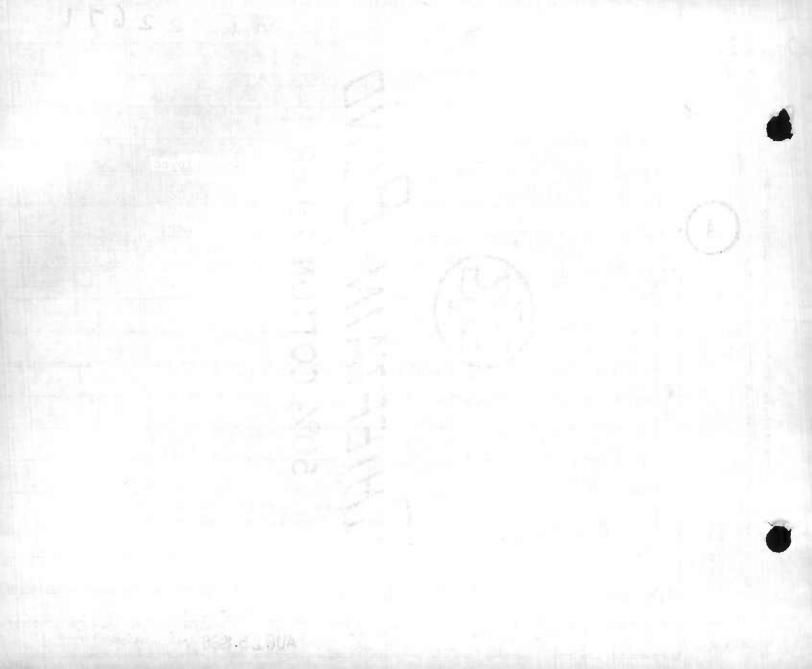
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		STA	TE OF MARYLAND		
	FOR - STATE		HEALTH AND MENTAL HYG		. / / 0
4384	REGISTRAR	CERTI	FICATE OF DEATH	8 6 REG. NO 2	2607
	DECEASED NAME TYPE OR PRINT)	D. A	hillips	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3.	SEX W	RACE MON	OF BIRTH VEAR 7	6. AGE (IN YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN 71 COUNTRY)	6. CITIZEN OF WHAT COUNTRY? 8 MARRI WIDOW	ED NEVER MARRIED	Baltimore City OR COUNTY Baltimore Ci	NTY OF DEATH
96 10	CITY OR TOWN OF MATH		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Hat Maker	126. KIND OF BUSINESS OR
13	SUAL RESIDENCE (IF NURSING HOME OR O BE STATE Maryland	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	DDE
350"	FATHER'S NAME	IDDLE LAST	15 MOTHER'S MAIDEN NAME FIRST Knig	ME	LAST
E B / 16	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
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noval.	PART I. DEATH WAS CAUSED				APPROXIMATE INTERVAL BETWEEN ONSET AND REATH
on, or rel	IMMEDIATE Conditions, if any, which	DUE TO, OR AS CONSEQUENCE OF	son fly	100	18-1403
, cremoti other tra	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	apa o a	N. SEPTIME	
Then plea to burial, njury, or o		ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
Hygiene prior to l 8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATE	DN WAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	ON COLUMNIA COLUMN OF THE CALL	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURE	RED ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2)
rked or Hem	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Healtl	220 I certify that the (this hospital saw the deceased alive an above, the (we) (did) (did not	8/5 10 PG	and that in (ay) (aur) apinion (death accurred on the date and l	that (we) last
State Dept	22b. SIGNATURE	Glade me	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF OIRECTOR PHYSICIAN	22c DATE SIGNED.
should be determined in MPORTANT:	224 PHYSICIAN'S NAME (TYPEOR	PRINT)	John L. Deat	ton Med Center,	Baltimore, Md.
23	a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		cemetery or crematory ridge Mem. Parl		
16 60M 7/B4	FUNERAL DIRECTOR	uneral Home, Baltimo	25a DAT	UG 5 1986	SISTRAR'S SIGNATURE





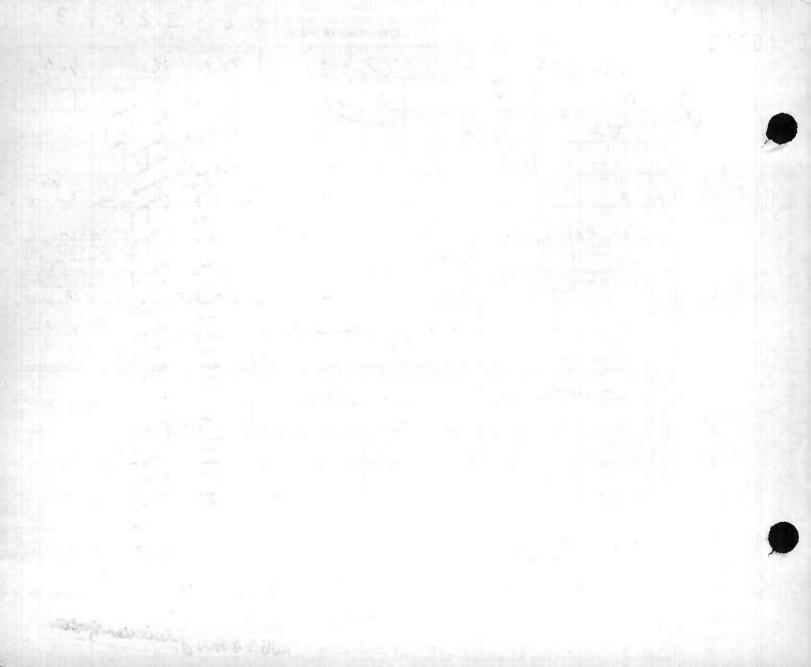
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR L DECEASED NAME 20 DATE KNOWN ETYPE OR PRINTS ESTI-DEATH MATED Tony Phillips Lee /19 86 3 SEX 4 RACE AGE (IN YEARS DATE 11:00 LAST BIRTHDAY) PRONOLINCED 1950 36YRS DEAD Male White May 4 19/19 86 AM TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED Baltimore City, **USA** DIVORCED Maryland M CITY OR TOWN OF DEATH I. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION CTYPE OF WORK 1126 KIND OF BUSINESS us not in such saction, give street adoptess)
University Hospital Shock Trauma OR INDUSTRY Baltimore Operator Trucking SUAL RESIDENCE (IF IN NURSIN HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore NO X 205 E. Joppa Rd., 21204 Maryland Towson BALTIMORE, MD. JA FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Phillips Albert Eda James Minerva Loreman Mrs. Eda M. Phillips, 6 Briarfield Ct. Karen A. Phillips, 205 E. Joppa Rd.,21204 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LIF YES GIVE WAR OR DATES! 216-56-4875 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple Injuries EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 112.W.
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUBIAL - TRANSIT PERR
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN
BALTIMORE, MAR TAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR subject pedestrian struck by auto 8/16/ 1986 1:46eax CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Eastern Blvd & Helen Rd., Essex, Balto.Co., Md. street X 22a I certify that I took charge of the remains do bed above, held an Autopsy Inspection and in my apinian death resulted from: Suicide Hamicide Undetermined manner Natural con TITLE (SPECIFY) ACTUAL 8/20/86 Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Md. 8/25/86 Dulaney Valley Cem. Timonium Balto. Burial 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR anon (M00358) **DHMH - 17** Martin D. Lawson, W. Padonia Rd. (VR A15 ME (5))



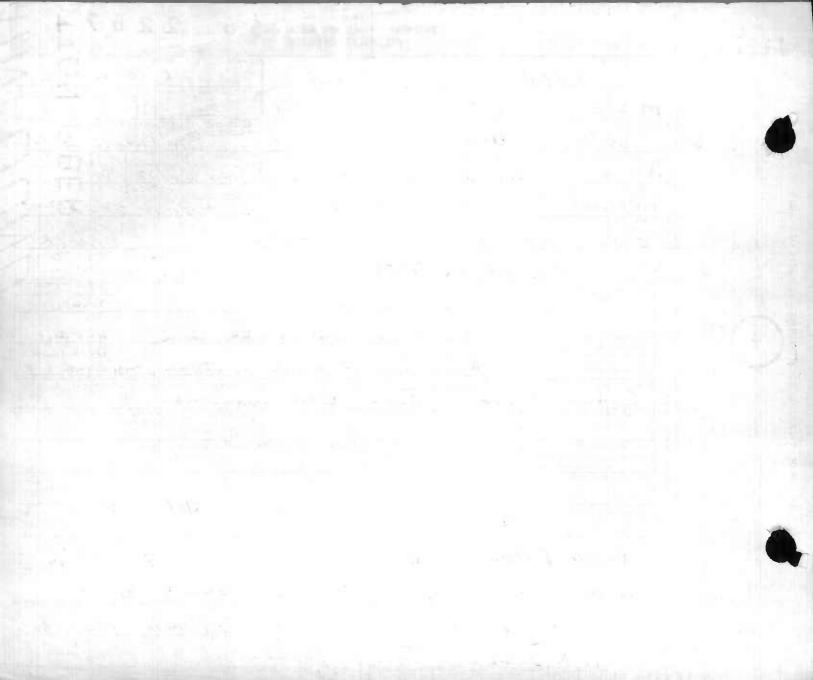
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Q.K	m / /	V	Charles	A.	Fora	me	Marie	MIDDLE	wel	sh			
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Ein	7 . V	1	No		216-48	7969	Roger Pike	Velta, PA					
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28		15	190. DATE OF OPERATION	198. CONDITI	ON FOR WHI	CH OPERATIO	N WAS PERFORMED		IN CERTIFYING CA	USES OF DEATH?			
N OF VITAL RE	sicior nsit p		71a. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY	_	21c HOW INJURY OCCUR	YES NO P	YES D	NO 🗌			
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	0 € 5 € ₹ ₹ ↑	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	2:	RAME OF C	EMETERY OR CREMATORY	23d LOCATION		1			
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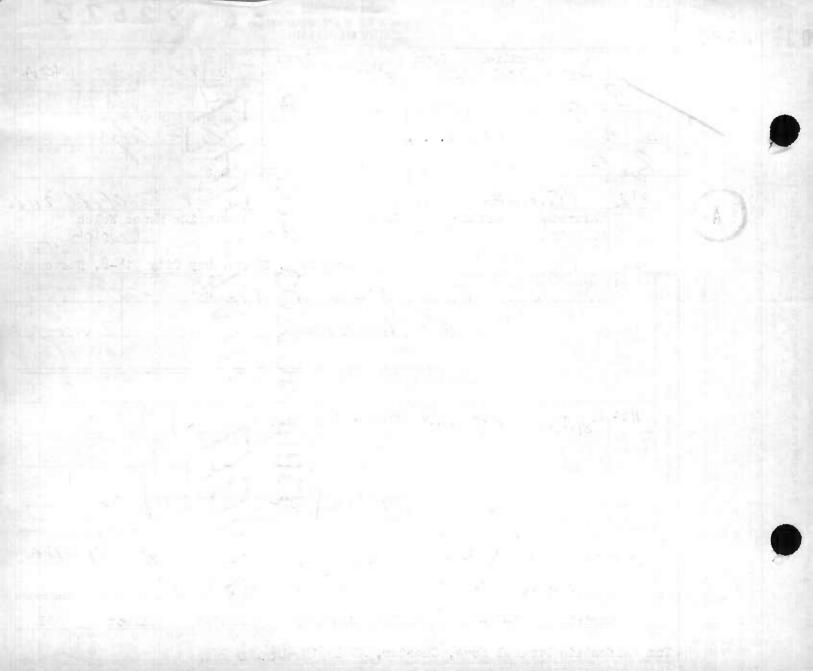
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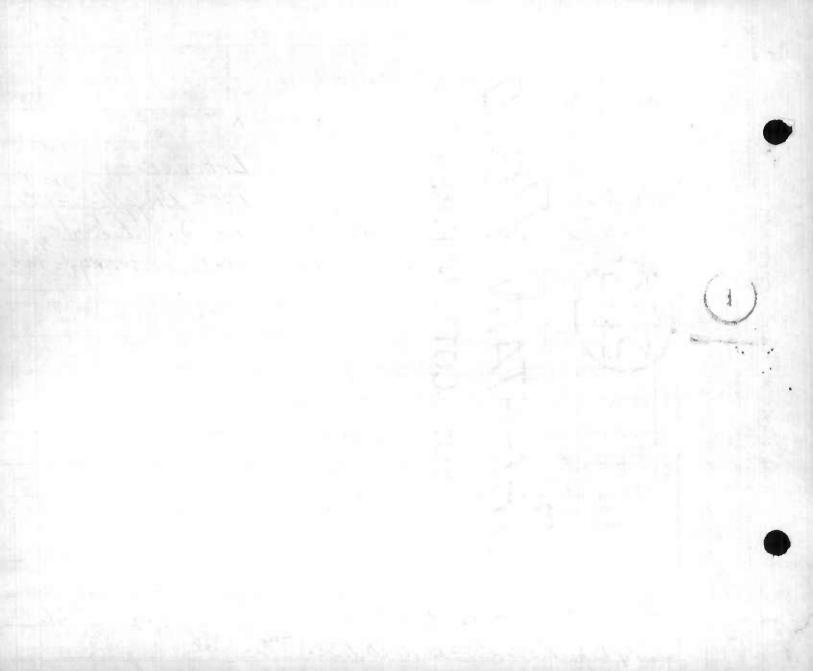
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST O DATE KNOWN X MONTH DAY 26 HOUR (TIME ON PRINT) ESTI-DEATH MATED 18-5-86 POOLE VESTER 6. AGE (IN YEARS | IF UNDER TYR. | IF UNDER 24 HRS 2d DOUR SEX 5 DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 0:57 06 9 BALTIMORE CITY OR COUNTY OF DEATH TE BIRTHPLACE (STATE OR MARRIED THEVER MARRIED IGN COUNTRY) ISALTUI Baltimore City WIDOWED DIVORCED IN CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 3300 Blk. of Edgewood Rd. Baltimore SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION MIL COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [60 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** (YES, NO, OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple gunshot wounds IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR subject shot CONTRIBUTING CAUSE OF DEATH 10:30PM 8-5-86 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 71d. INJURY OCCURRED WHILE AT WORK in a telephone booth 3300blk. Edgewood Rd. Balto., Maryland PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion Homicide X death resulted from: Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) 8-6-86 Assistant DATE SIGNATURE SIGNED EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. TYPE OR PRINT 23. NAME OF CEMETERY OR CREMATOR 07/B4 25M 250. DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5))



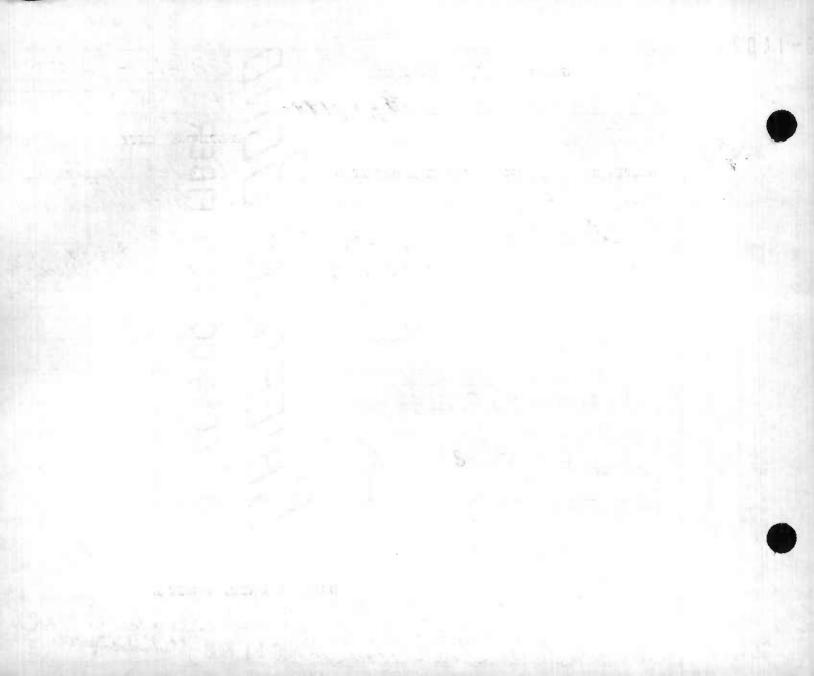
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b HOUR A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR APPROXIMATE INTERVAL BETWEEN ONSET AND DEA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS LISED N CERTIFYING CAUSES OF DEATH? YES 🗌 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18 PART 1 OR PART 2)

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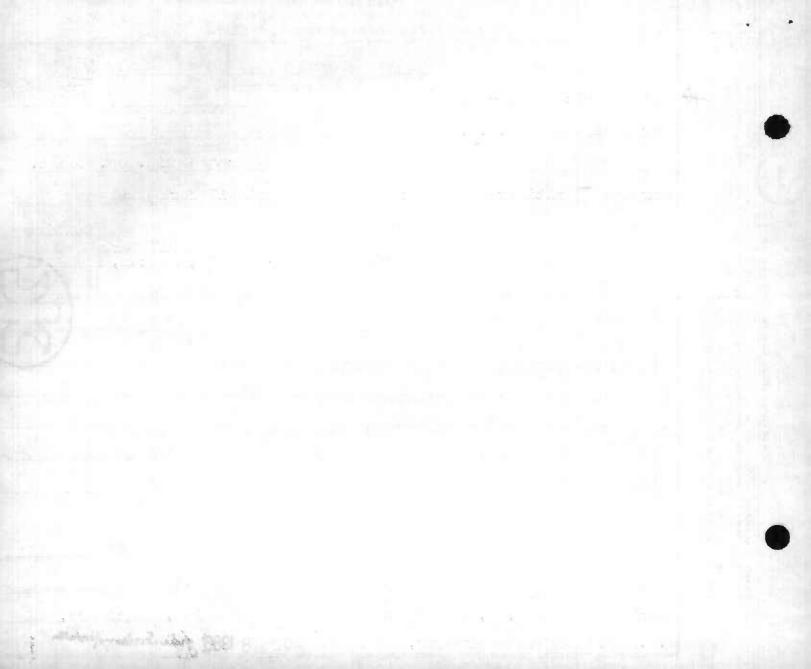


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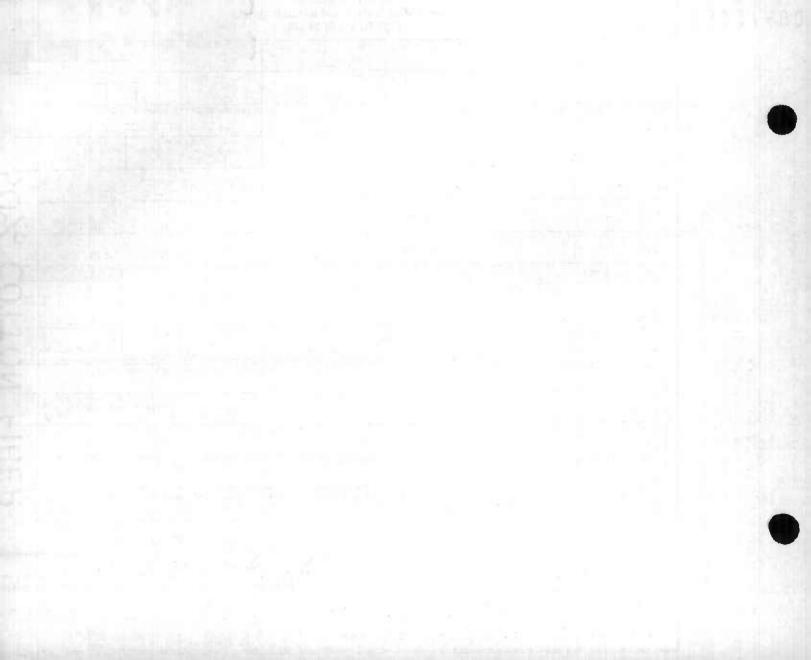
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	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: P AFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23e. BU	IRIAL CREMATIC	N, REMOVAL 23		23c NAME OF CE		CREMATO		1231 LOCATIO	N				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST Ze. DATE KNOWN X MONTH 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED Jesse W. Powers HOUR 86 19 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 8:05 P M LAST BIRTHDAY) PRONOUNCED 19-51 White 34 DEAD Male YRS 1986 Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City, U.S.A. Maryland WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore University Hospital Shock Trauma Heavy Equip. Opl. Const. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS Baltimore Maryland Monkton NO X 16917 York Road 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Fred Bessie Collins VITH FOR PAGES 1 Powers 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 16917 York Road (IF YES, GIVE WAR OR DATES) 215-56-1424 Gwen K. Powers, Monkton, MD 21111 Unknown CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH AL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple Blunt Injuries with Complications DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS UNDERLYING OR 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 12:20AM 8/ 2/19 86 driver of auto lost control hit fixed object 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE DATH, WAR THE STATE DATH, MARYDAND, 21201 roadway York & Gifford Rd., Hereford, Md. 220. I certify that I soak charge of the remains described above, held an Inspection K and in my apinian Askident X death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE M.D. Assistant MEDICAL EXAMINER 7/5/86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. TYPE OR PRINT) lll Penn St **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23 DAME SHEWETERY SRITEWAYPR' Aug. 8.1986 Memorial Gardens Burial Timonium, 07/B4 Baltimore. MD 25M 24. FUNERAL DIRECTOR Second at Franklin St. 250. DATE REC'D. BY REGISTRAR. **DHMH** - 17 J.J. Hartenstein New Freedom, PA 17349 AUG (VR A15 ME (5))



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH (TYPE OR PRINT) Trank (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE DATE OF BIRTH 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH .. I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR @THER INSTITUTION UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE 136 COUNTY 13d INSIDE CATY LIMITS? PIMERE YES Z NOF I FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY META STATIC Carcinoma IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE AT WORK AT WORK 22e.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. and that in (my) (our) apinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not view the body after death, 226 SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS Mer 30 23b. DATE 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NOF

STATE

COUNTY

756 REGISTRAR'S SIGNATURE

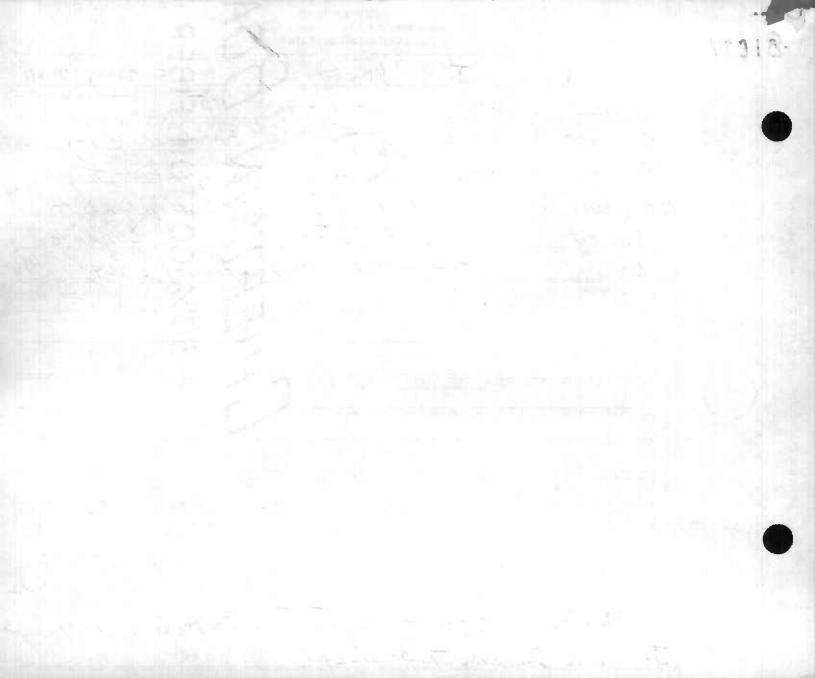
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IF UNDER LYFAR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) JOSEPH (nmi) 86 3 SEX AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 2 CHRS MONTH YEAR DAY 96 70 BIRTHPLACE I STATE OR EOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto., Md. Baltimore City WIDOWEDS DIVORCED [I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY HIMOLL Wire Drawer Smelting Plant 13a STATE 136-COUNTY 13e STREET ADDRESS / ZIP CODE Baltimore YES 5. Cast 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Price Joseph Sophie Unknown 17 INFORMANT ADDRESS 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES GIVE WAR OR DATES) (YES, TENNEWN) 212 10 1165 Joseph E. Price 919 S. East Ave. Balto 21224 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and PART I. DEATH WAS CAUSED BY ardopulmonay IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 48 hours Conditions, if any, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Carcinoma metastases 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX 210. ACCIDENT WAS UNDERLYING TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, EARM ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram_ August 1 saw the deceased alive an_ obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN INGERHOOD Francis Scott 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Cremation 8/2/1986 Baltimore Maryland Green Mount Crematory 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Walter Brooks Bradley, Inc. Baito., Md. 21222 (VRA 15, 4) relia Daydon-Aandara.

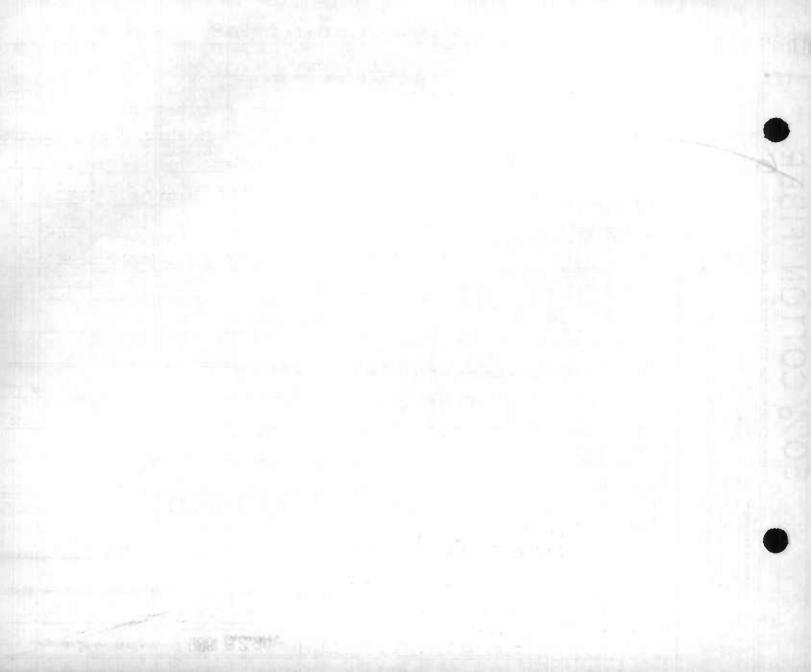
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR . DECEASED NAME 20 DATE KNOWN X MONTH DAY (TYPE OR PRINT) OF ESTI-DEATH MATED \$\B\-26-86 Harold Prinn, Sr. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS PRONOUNCED 8-26-86 10 Male White Aug. 11 1896 90 DEAD TO CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Md. WIDOWED T DIVORCED Baltimore City

170 USUAL OCCUPATION (TYPE OF WORK 170 KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) 3507 Elmora Avenue Baltimore Clerk Western Elec. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3507 Elmora Ave. Baltimore 21213 Md L FATHER'S NAME 15. MOTHER'S MAIDEN NAME ALIDDLE Harford Frederick Prinn Dorothy 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-22-3751 Harold O. Prinn Jr. (son) same address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (D) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🗌 NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ?1e PLACE OF INJURY (AT HOME. 714 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.I. WHILE AT WORK CITY OR TOWN COUNTY STATE 27e. I certify that I taak charge of the remains described above, held an Autapsy death resulted fram: Natural causes X Homicide Accident Suicide ACTUAL SIGNATURE DATE 8-27-86 __MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. ADDRESS (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 8/29/86 Baltimore

1250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Oak Lawn 07/84 74 FUNERAL DIRECTOR NAMES CHIMNUNEK Funeral DESSHOME, Inc. 25M **DHMH - 17** from waydown pandelles 3331 Brehms Lane, Balto. Md. 21213 (VR A15 ME (5))

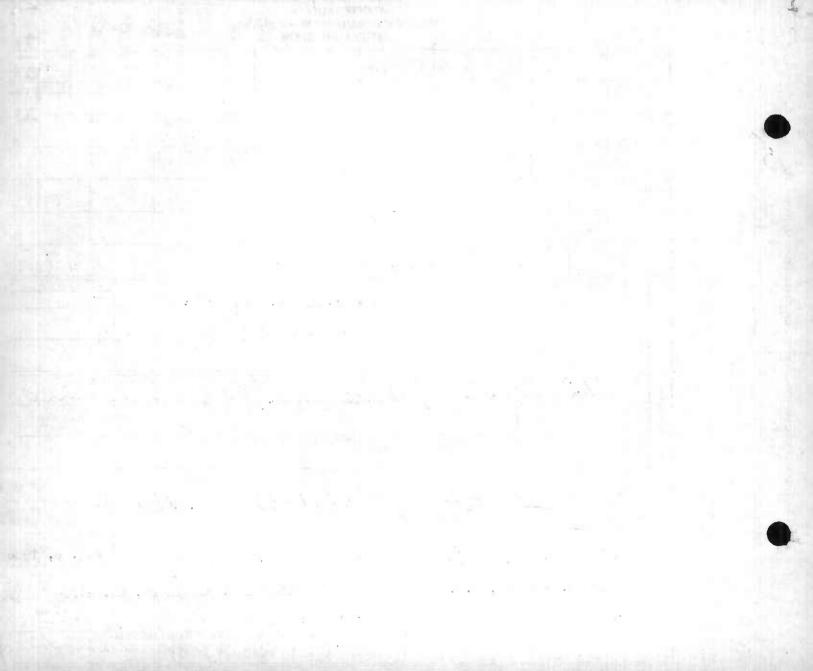
STATE OF MARYLAND



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLA D 21201	(G)	ENDING PHYSICIAN The law requires that the death certificate be executed and a hours after death. Page 4 may be of or attending physician	OR After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3	i use as the buriol-transit permit. Then please remove corbonpapers. Pages and 2 should be filed within 72 hours after death 👝

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BP		BURIAL, CREMATION, REMOVA (SPECIFY: Burial			ile Vet. Cem		23d LOCATION CITY OF TOWN Crownsvil		COUNTY A.	STATE Md.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENG - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 2:15 Anna Procenko August 1986 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS Sept. 22 1891 Female White To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ukraine Baltimore City Ukraine WIDOWER DIVORCED [10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWIFE INDUSTRY Baltimore Relair Convalesarium USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 N. Montford Ave. 21224 13a STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? YES Maryland Raltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST Unknown Unknown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Boyko 212 S. Collington Ave 213-30-8873 Walter no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE C Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNATICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS. 190 DATE OF ORERATION 20a AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pei YES T NO NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDI 71d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (1) (this harpital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated (did not) view the body ofter death 22h SIGNAM DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Aug. 8, 1986 should be det with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OR PRINT) 77e ADDRESS Albert B. Bradley, M.D. 4900 Belair Road Baltimore, Md. 21206 houl houl 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPEC&FY) STATE St. Andrew's Russian Burial Aug. 8'86 Baltimore Md Orthodox 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/73 guina Daydoon-Mandale Eastern271e (VR A 15 (4)) Lilly & Zeiler, Inc. 1901



West 4300 Wabashs Avenue

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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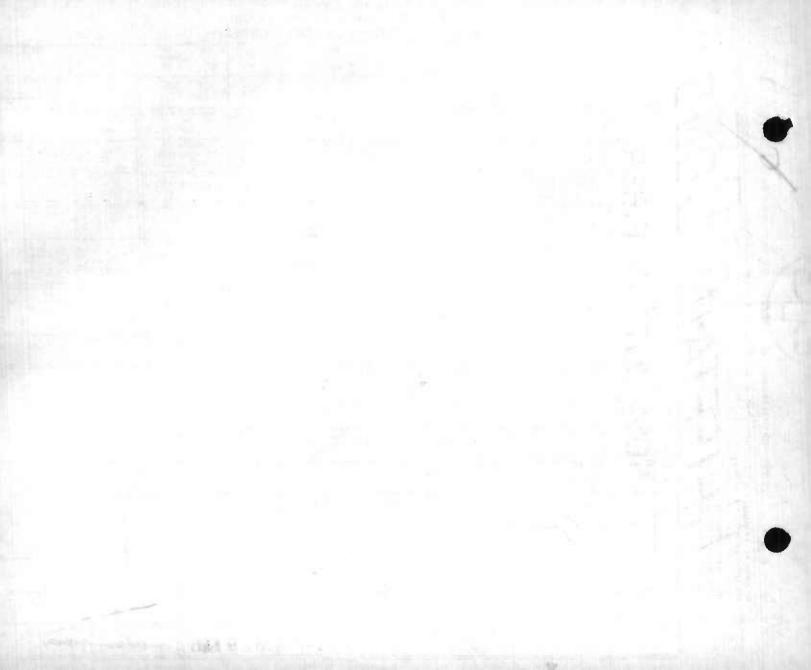
24 FUNERAL DIRECTOR

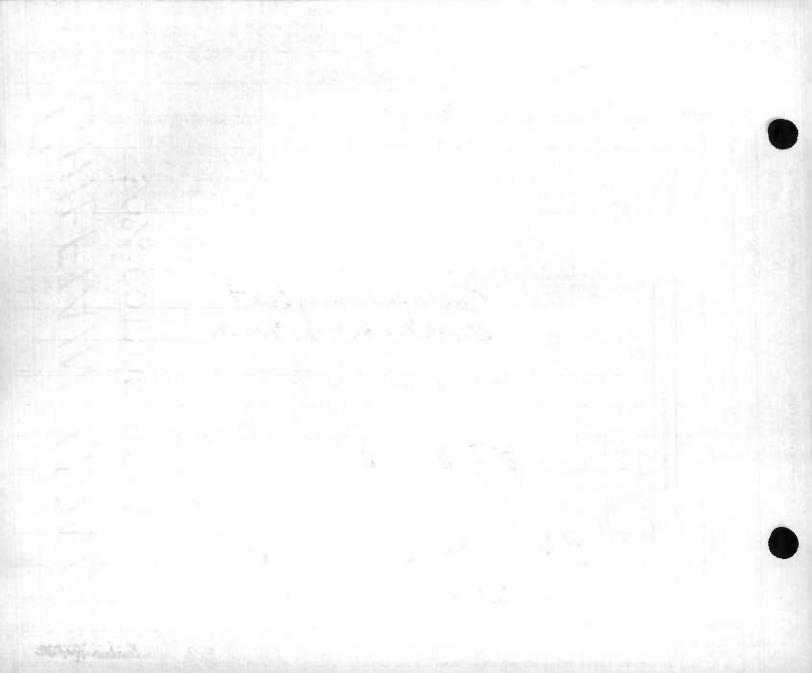
March Funeral Home

DHMH - 16 60M 7/84

(VRA 15, 4)

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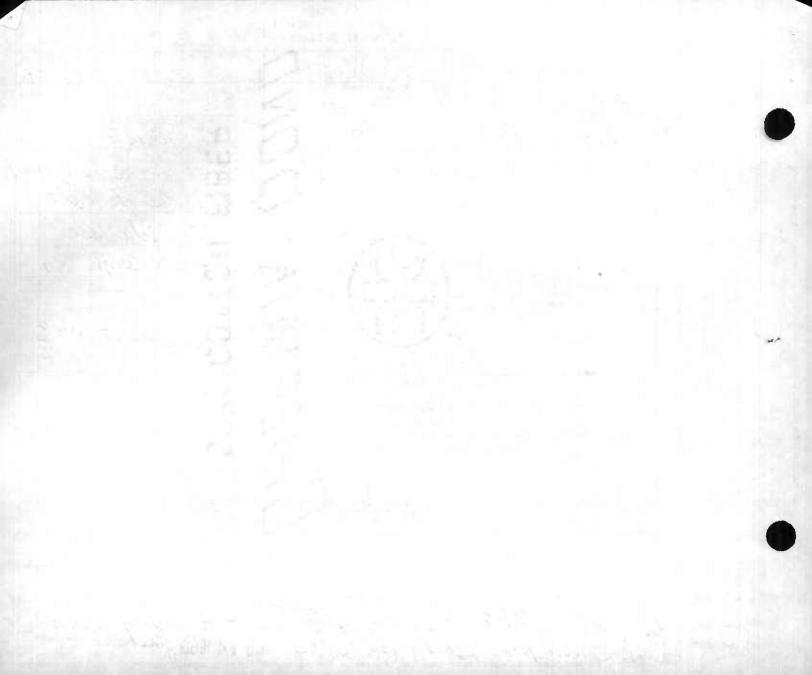
STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				REG. NO			
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE																		
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	TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND,		(TYPE OR PRINT	AME Den	nis F. Smy	th, M	l.D.		ADDRESS_	111	Penn	St.,	Bal	to.,	Md.	. 2	1201	1
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DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN X MONTH 2h HOUR (TYPE OR PRINT) E 5 FOR YOUR FILES! D, WITHIN 72 HOURS W. PRESTON STREET, OF ESTI-10/10 86 Randolph DEATH MATED 8/ Wilhur SEX 4 RACE IF UNDER 1 YR. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2/ HEUR LAST BIRTHDAY) RONOUNCED 10/19 86 DEAD MALE Sept. 3, AM BLACK LOUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYS NORTH CAROLINA DIVORCED USA Baltimore City IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS Baltimore 3722 Edmondson Ave. Bethlehelm Steel USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE NO 🗌 EDMONDSON AVE. 21229 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE SUSIE GEORGE LEE RANDOLPH RANDOLPH 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT DIVISION (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES 243-20-0230 TINNEY RANDOLPH 3722 Edmondson Ave 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d CERTIFICATION Chronic Alcoholism USED AS 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES X NO . BE 21a EXTERNAL CAUSE WAS 216, TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211. LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3: AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY X 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Notural couses X death resulted from: Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL 8/10/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION OWINGS MILLS, MD. GARRISON FOREST VET. CEM. 8/114/86 Burial 07/84 BP. 24 FUNERAL DIRECTOR **DHMH** - 17 LEROY O. DYETT & SON F.H. INC. 4600 LIBERT (VR A15 ME (5))

STATE OF MARYLAND

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Md.	131	HOME OR OTHER INSTITUTION. COUNTY	Balto.		136 INSIDE CITY LIMITS?	3141	ADDRESS / Kanyo	ZIP COD	e. 21	213		
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Miriam L. Cohen, M.D.

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN

22c. DATE SIGNED 8-20-86

STATE

22e ADDRESS

201 E. University Pkwy.

30. BURIAL, CREMATION, REMOVAL	23b. DATE
Burial	8-22-8

236 NAME OF CEMETERY OR CREMATORY Baltimore

23d LOCATION
CHYORTOWN
Balto., Md.

COUNTY

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

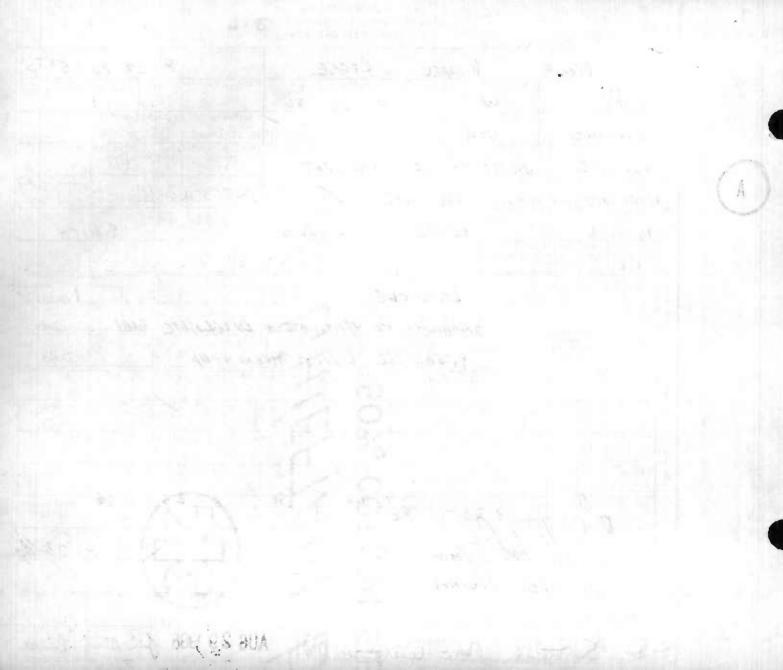
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUG 2 1 1986 Julia Devidor Gran

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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0-10003		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR				
\$ 65 ·	(TYPE	ORPRINT) BROOKS,	MICHAEL	REESE	8 23	3 86 557PM				
1 47	3. SE		4. RACE	5 DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS				
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- 38	r .	BALTIHOPE /	UNIVERSITY OF		TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY				
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2 (A) 3 5		MARYLAND FEE	derice BAUTIA		13 STREET ADDRESS & ZIP CODE	orook mod				
	ly F	ATHER'S NAME	ADDIE LAST	15 MOTHER'S MAIDEN NA	WE	IASI				
M I II /8/ C		MICHAEL Leona		SHAWN	Denise	SMITH				
ORE DE ST		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SECU	MICH	AEL L. RÉESE , ,	21759				
1 10 1		NO NONE			sboro Pk. Lad	iesburg, Md.				
An in the second		PART I. DEATH WAS CAUSED	1100 000			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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Otto Head		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	TO VENTULATE 4	OXYGENATO PA	6 I DAY				
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A STATE OF THE PARTY OF THE PAR		Dove Ily (we fidid (did flot	view the body/after death.	DEGREE		22c DATE SIGNED				
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FUNES THE STATES THE STATES	1	224 PHYSICIAN'S NAME TYPE OF	/ /	22e ADDRESS						
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		BURIAL, CREMATION, REMOVAL (SPECIFY)	Transaction of the second	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE				
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00-157	24	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH					GIENE 8 6 NO. 2 2 / 0 3				
ot pe			CEASED NAME OR PRINT!	FIRST		WIOOFE	PEI	ERSEA)	20 DATE OF DEA	ATH MONTH	DAY YEAR 12 - 86	216 A M	
nay be page 3		3. SE2			4. RACE		5. DATE			ACE WINESE				
ige 4 m rector. f		3. 3E	Male		W	HITE	MONT		YEAR 22	6. AGE (IN YEARS L	3	IF UNDER I YEAR	R IF UNDER 24 HRS	
Poor L	00		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF		TRY? 8	D NEVER	MARRIED T	BALTIMORE C	OR COUN	TY OF DEATH		
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IMORE oe execu-	medico		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		SECURITY NO28-4831	17. INFORM	pahent		ADDRESS Atm Ce	cord		
SALT sicio sicio pers	the the		18 CAUSE OF DEAT	H (Enter onl	y one cause per	line for (a), (b), and (c).)					APPRO	XIMATE INTERVAL	
Trifice refice phy on po emov	veni		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Respiratory Failure											
or re	ding or re afric e		DUE TO, OR AS A CONSEQUENCE OF											
deat deat deat deat deat inan,	traumatic		Conditions, if any,		(b)_	1	mostys	15				100		
the of the cemain			gove rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF											
that by sase	r other		underlying couse lost. (c) angioimmunoblashe hundhadenopathy											
DS, 20 quires signed hen ple to burid	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours of the other this certificate has been signed by the attending physician and completely filled in as the burial-transit permit. Then please remove carbon papers. Pages 1 Brd.2 should be fit and Mental Hygiene prior to burial, cremation, or removal. or ked or fleat 18 shows any injury, or other traumatic event, the medical examiner must be in a carbon paper.	NO	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO				D TO THE TERM	AINAL DISEASE OR	CONDITION	SIVEN IN PART 1	la:	
RECOR low re- as been ermit. T		CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY		YES, WERE FIND TIFYING CAUSE	INGS USED S OF DEATH?	
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DIVISION OF PHY: The office of the purity of the purity of the purity or the dorn or the d	MEDICAL	21d, INJURY OCCURR	ILE ,	21e PLACE EAT HOME STI	OF INJURY REET, FACTORY, O	FFICE, FARM ETC)	21f. LOCATI	ON	CITY	ORTOWN	COUNTY	STATE		
or or se o ealth	8		220.1 certify that (1)	this hospit	o) ottended th	e deceased f	rom	2-10	19.86	. 10 8	112	19 86	, that (I) (we) last	
OR ATTENION he hospital DIRECTOR. Coched far us Dept at He m 21 is		saw the decease above, (I) (we) (d	dalive on	8-1/) view the body	2 ofter death.	19 <u>86</u> , a	nd that in (my	Cour Popinian	death accurred an	the dote and h	our and from the			
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of of of stay	3		URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION				
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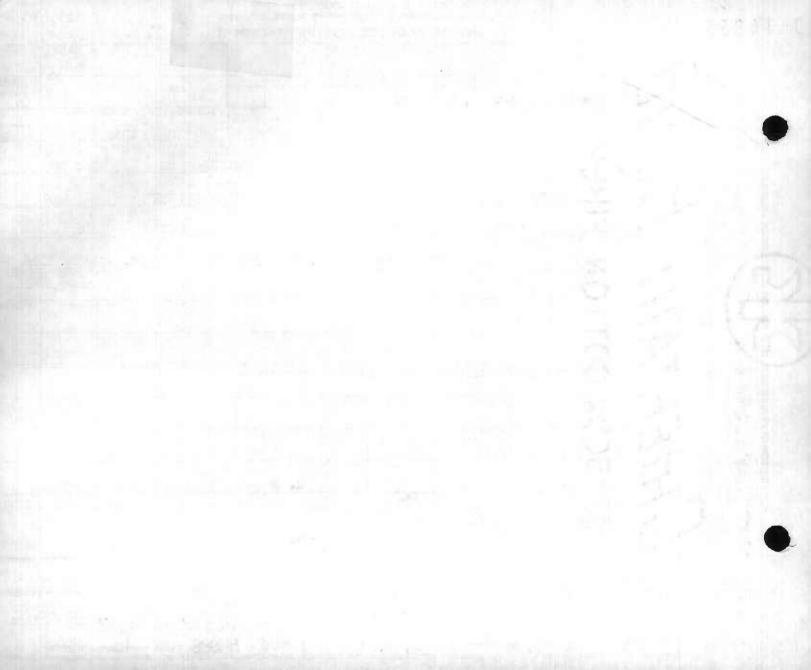
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0-14355	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
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TOR FEET SE	3 SEX	4	RACE	5. DATE OF BIRTH	& AGE (IN YEARS	IF UNDER 1			MONTH DAY		
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHEECET FLEGGET FLOATE, WORNED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO THE CAFFER DEATH, WITH THE STATE DEPARTMENT BARTIMORE, MARKIGAND, 21201 PRIOR TO BUILD AND AND AND AND AND AND AND AND AND AN	1			1 201.66			-	stern Ave.,Bal	. CIHOLE, M	ar y rand	
SE E SE E		22a. I certify that I took charge of the remains described above, held an Autopsy Autopsy Inspection . Inquiry . and in my opinion									
SER DES	1	death resulted	from Natur	ol courses	Cident XX Suici	de L. H	Homicide	Undetermined manner	١.		
A WIN WIN WAR		ACTUAL A	00 , , , ,	1011	1 to n	11,1	HE (SPECIFY)		0.175		
¥ã5₹ë% ►		SIGNATURE_	unu	CAN X 11	NA 11 010	WM.D. A	ssistan	MEDICAL EXAMINER	DATE SIGNED	8-3-86	
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S S S S S S S S S S S S S S S S S S S		(TYPE OR PRINT) Denn	is F. Smyt	n, M.D.	ADDRE	ESSIII .	Penn St., Balt	.O., Ma.	21201	
528548_	23a.B	URIAL, CREMATIC	ON, REMOVAL 2	DATE	23c. NAME OF CEME	TERY OR CRE	MATORY	236 LOCATION CITY OR TOWN	COUNTY	STATE	
07/84 BP		BURIAL		6 AUGUST 86	WESLEYAN CH	IAPEL CEN		ABERDEEN, HARI			
25M DHMH - 17	24. F	NAME	OR	ADDRESS				REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNA	ATURE	
(VR A15 ME (5))	M.	TCHELL FU	NERAL HOME		de GRACE, MD. :	21078	AUE	5 1986 grine	- devident of	prophetical .	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN X MONTH 26 HOUR DAY (TYPE OR PRINT) OF ESTI-J. ESSARY, PLEASE RAL DIRECTOR.
OUR FILES.
THIN 72 HOURS FRANK RESCH 4. RACE S DATE OF BIRTH AGE (IN YEARS DE UNDER TYR IF UNDER 24 HRS DATE PRONOUNCED 10 1972 8-29-86 B:35P Male White = 14 YRS 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland U.S.A. WIDOWED DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY University Hospital STU Student Baltimore UAL RESIDENCE (IF IN NURSING) ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 30 STATE 36 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO x 5331 Kerger Road 21043 Maryland Howard Ellicott City YES 🗌 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE FIRST Resch, Sr. Georgia Mattax Lvnn Frank GIVE PAGES
ITH FORM. PAGES TAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS Frank J. Resch, Sr. 5331 Kerger Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE; RIAL, CREMATION, OR REMOVAL. Cranio-cervical trauma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION HINER: THIS CERTIFICATE SHOULD BE FICATE, WRITING THE WORD "PENCE TO FORWARDED TO THE CHIEF MEE TOWN STATE DEPARTMENT OF HEALT THE STATE DEPARTMENT OF HEALT CAND. 21201 PETOR TO BURIAL, CRE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? KON 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OF bicyclist struck by a motorvehicle CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (AT HOME. EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNKAL DIRECTOR: PAGE 3 A AFER DEATH, WITH THE STATE DEI BALLIMORE, MARKALING, 21201 PI STREET FACTORY, FARM, ETC.) 4200 blk. Illchester Rd. Elkridge, Md. WHILE AT WORK Inspection X 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinion Accident X Natural causes TITLE (SPECIFY) ACTUAL SIGNED 8-30-86 Assistant MEDICAL EXAMINER SIGNATURE ADDRESS 111 Penn Street EXAMINER'S NAME William M. Zane, M.D. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Sept 2, 1986 St Mary's Ellicott City 07/84 Buraa1 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNAFURE Harry H. Witzke & Family 4112 Old Columbia Pike **DHMH** - 17 1986 (VR A15 ME (S1) Funeral Home, Inc. Ellicott City, Md. 21043

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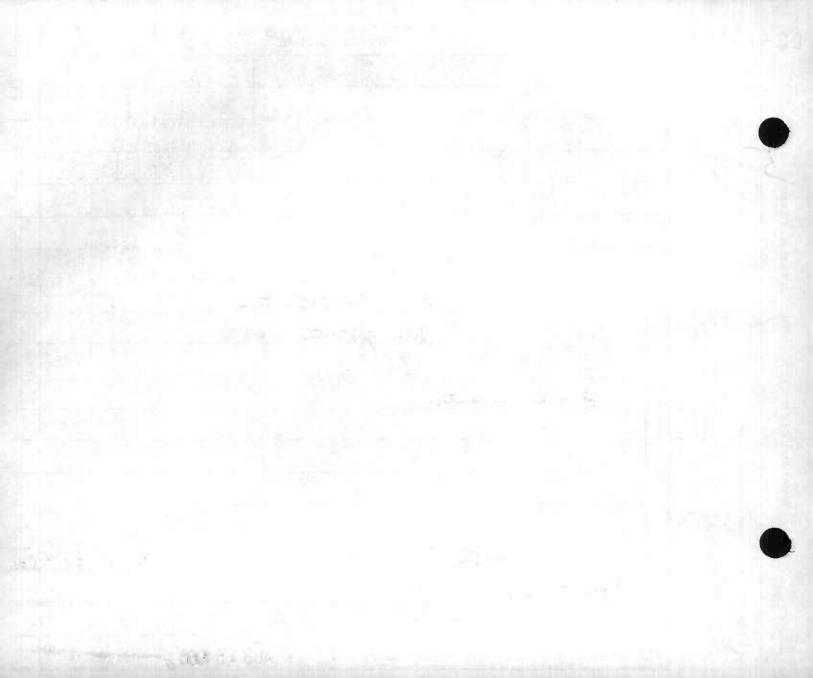
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE, - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) atricia licco beve 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER TYEAR IF UNDER 24 HRS YEAR 64CUSIUN 54 TOUBIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED N.J. DIVORCED [12b. KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? RURUNA PAUK 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAM MIDDLE Willian 60. WAS DECEASED EVER IN U.S. ARMED FORCES? "Severha, Park Maryland 21146 L. No 445 Alfreton Ct 149 52 1275 Salvatore Riccobene APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ici. PART I. DEATH WAS CAUSED BY oulmonary IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate louse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from AC., and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 77h SIGNATUR DEGREE 22c DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL CREMATION, REMOVAL (SPECKY) BURIAL Graceland Memorial Kenilworth 8/27/86 Union 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Raymond C. Fink Glen Burnie, Md 21061 (VRA 15, 4)

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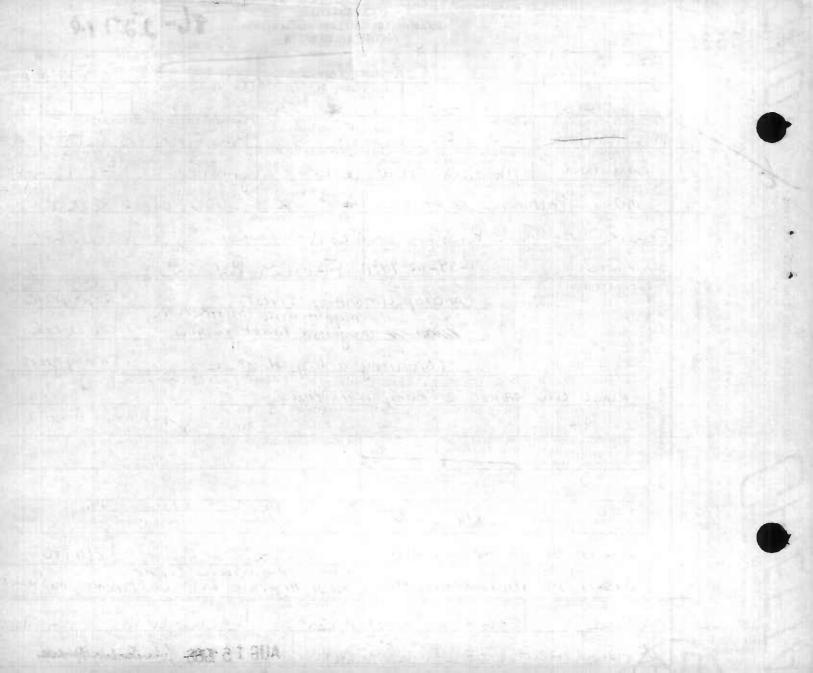
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, pa	3. SE	X	4.	RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR
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- B		MD	Howar	d E11:	icett City			ick Rd., 210
d 2 s	19. FA	ATHER'S NAME FIRST	MIE	DDLE	LAST	15. MOTHER'S MAIDEN I	MIDDLE	LAST
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ond o	01	VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)	36	Jane Gooden	10117 Frede	
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sen signed by the ottendin 1. Then please remove corb ior to burial, cremation, ar- y injury, or other traumatic	MION	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	mediote ng the e last. NIFICANT CO	(b) AS CONTRIB	CONSEQUENCE OF	UT NOT RELATED TO THE TE		DITION GIVEN IN PART 110
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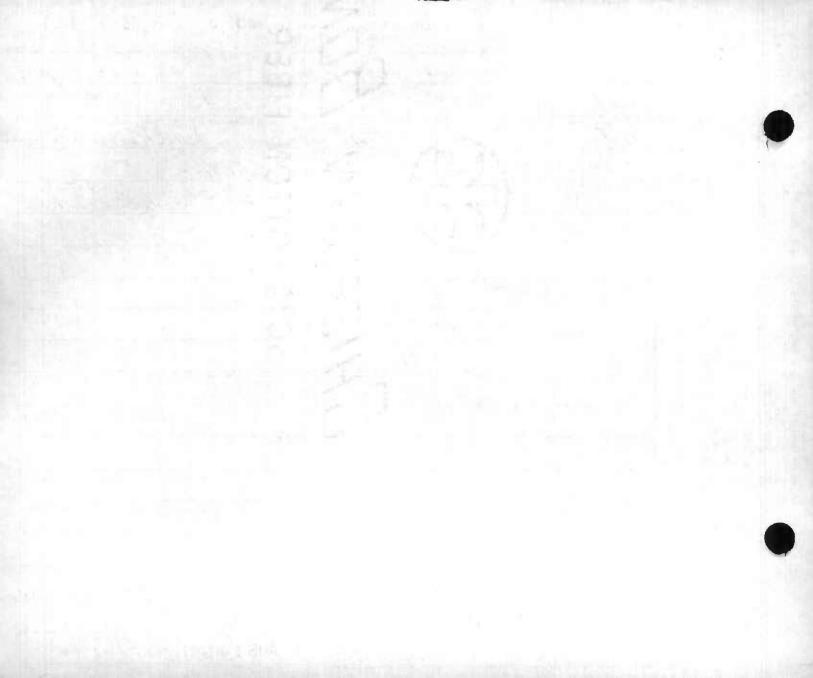
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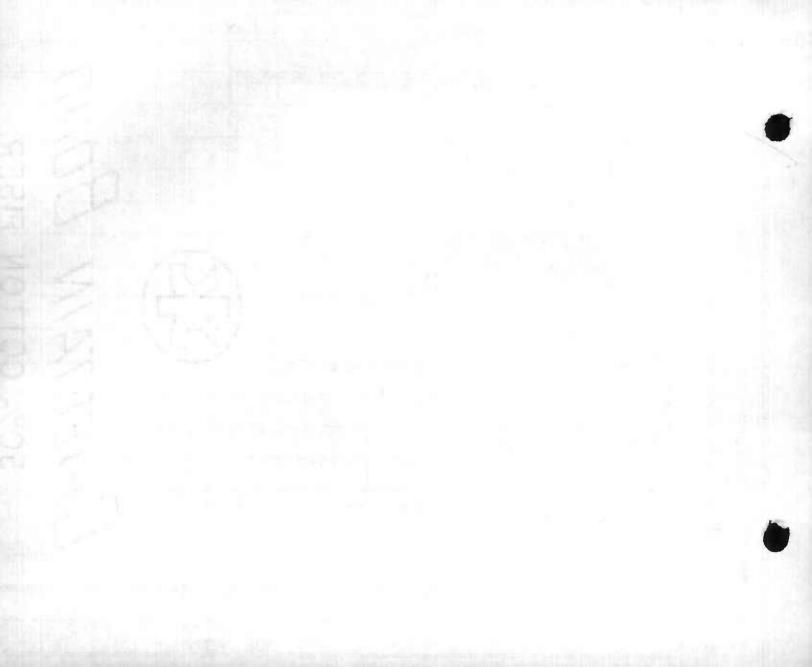
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Page 1		VAS DECEASED EVER IN U.S. ARMED I YES, NO OR UNKNOWN) (IF YES, GIVE WAR	FORCES? 166 SOCIAL SECUR		Bull ADDR	805N.	Woodenston &
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3	by lost		underlying cause last.	(6)	AS A CONSCOOL	Full	ninan	T HE	patic Fail	NR	1//	DAUS
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1 N	he hos	CERTIFICATION							YES NOW	YES	ring causes	NO []
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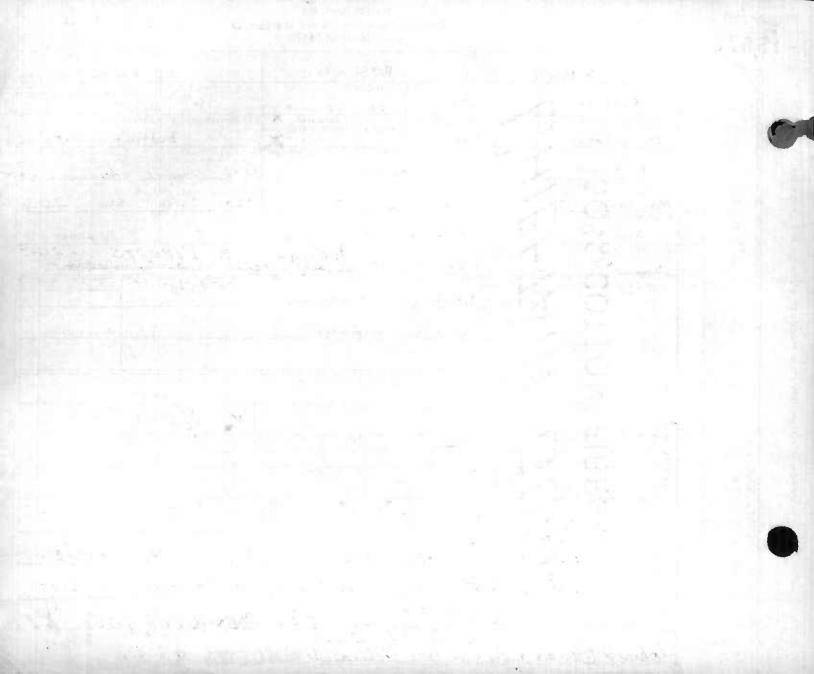
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR OCTAVIA ROBERTS 1986 AUGUST 17 6:34 4. RACE 5. DATE OF BIRTH 6. AGE [IN YEARS LAST BIRTHDAY] IF UNDER 24 HRS. 1 SEX HQUR5 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR BALTIMORE JOHNS HOPKINS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b COUNTY 13e STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAM AN ADADA D In WAS DECEASED EVER IN U.S. ARMED FORCES? 19 YES, GIVE WAR OR DATES! Mr. Charles Roberts 1657N.MIHON 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: GASTRUINTESTINAL BLEEDING houn IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF 2 YEARS PEPTIL ULCER DISTAST Conditions, if ony, which couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 PANCREAS CANCER OF THE 19st DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. .19_86 sow the deceased alive or (our pinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 600 N. WOLFEST. BALTO, MD. 21205 230. BURIAL CREMATION, REMOVAL 236. DATE 23r. NAME OF CEMETERY OR CREMATORY 23d LOCATION 256_REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Levia Davidon (VRA 15, 4)

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on. has been s permit. Th ene prior te	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERT	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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ATTE aspirto ECTO d for t. of h			n 8 2 ot) view the body after death.	es, and that in (my) (our) opinion	death occurred on the date and hi	our and from the couses stated
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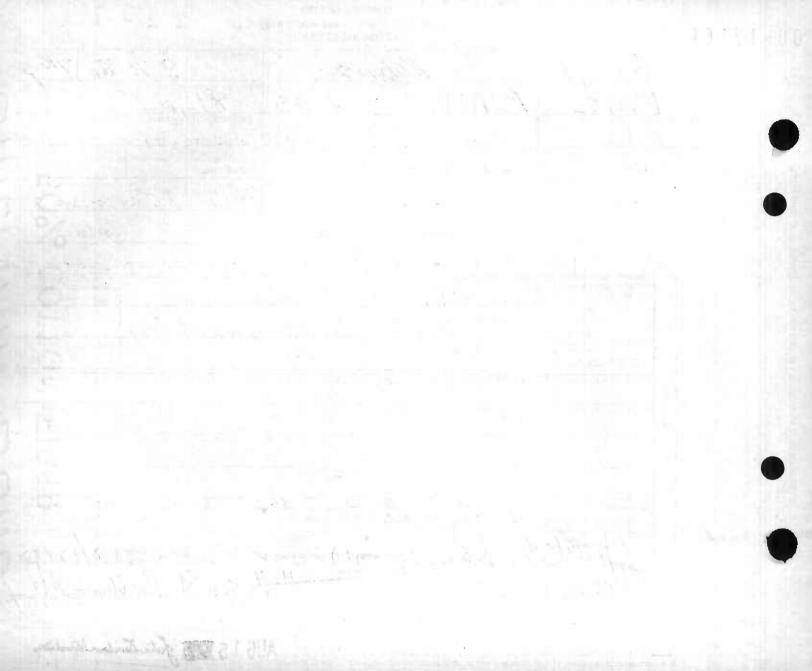


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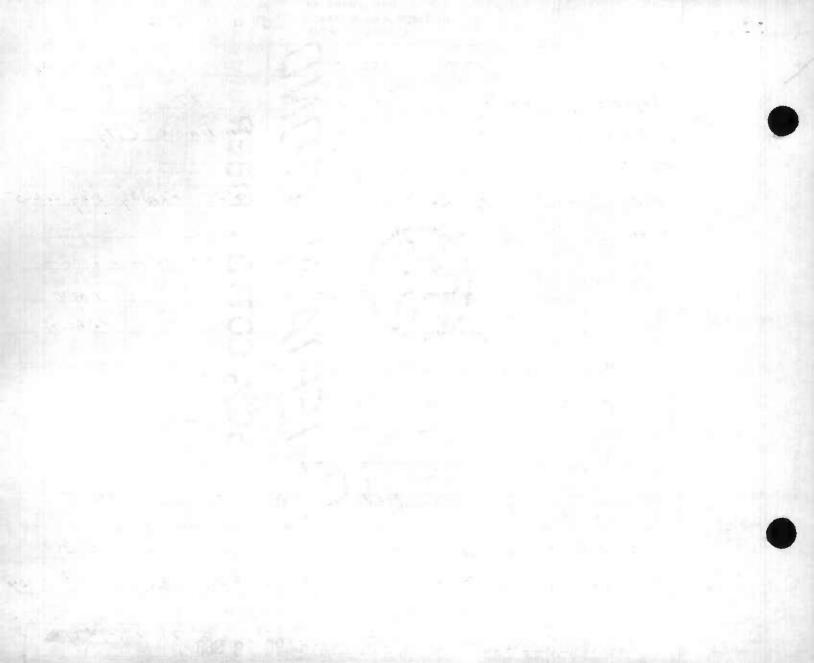
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1 4119	CERTIFICATION	196 DATE OF OPERATION	196. CONDITION FOR WE	TICH OPERATION	WAS PERFORMED		206. IF YES, WERE FIND IN CERTIFYING CAUSE	ES OF DEATH?
40 410 4	E			100		YES NO	YES 🗌	NO 🗌
21 201 0	THE RES	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
20 101 17	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19	15 171			
19 10 5 9	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
D# ## 0 #	*	HILE NOT WHILE						
A Page		22a I certify that (I) (this hospit	tal) attended the deceased fro	om Aug 2	7 , 19 86	to August	27 19 86	, that (I) (we)
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased alive on above, (1) (we) (did))(did not	August 27	9 Kk , and	I that in (my) (our) opinion	death accurred on the do	ate and hour and from th	ne causes stated
T d d d d d d		22b. SIGNATURE	A A	DI	EGREE		22c. DAI	TE SIGNED
0.5 0.50 5		QUI N	Ullumsun	m	ATTENDING	MEDICAL STAF	F Aug	28 198
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ITAL O by the RAL DI e detock		226 SIG RE	A AS	INI)	amse	eg .	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	8/	12/86
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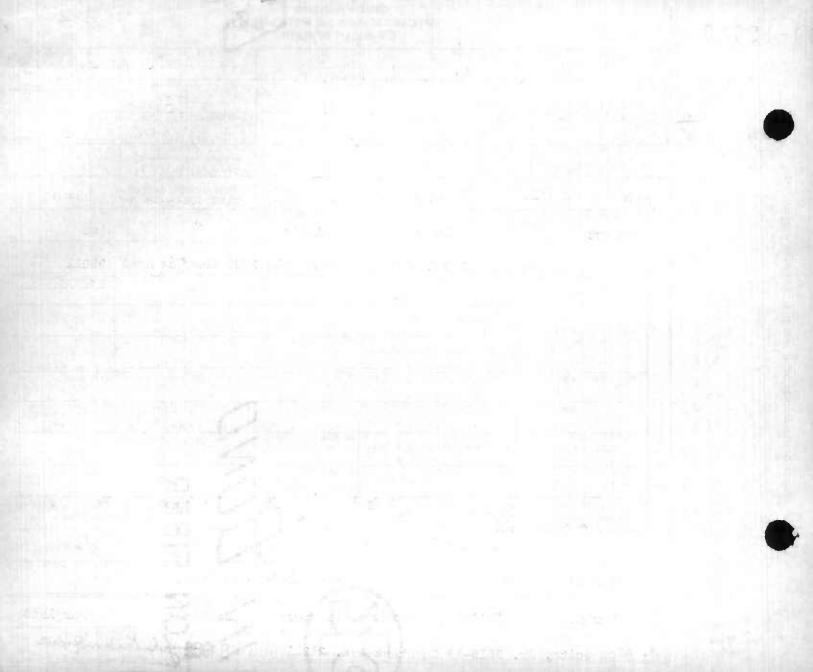


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TTEN TTEN TOR for of He		sow the deceased	d olive on	he body ofter death.	, and that in (my) (our) opinion	on death accurred on the date on	d hour and from the causes stated
Ok A DIRECTORY DIRECTORY Dept f tem		226 SIGNATURE	· l-/	7	DEGREE		22c. DATE SIGNED
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DHMH - 16 60M 7/84 (VRA 15, 4)		NAMIS Chimy	inek Fu	neral Home Lane, Balt	e. Inc.	A STATE OF THE PARTY OF THE PAR	Davidson Minda
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIF REGISTRAR I. DECEASED NAME 20 DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-IS NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. Arthur DEATH MATED 8/ 20/19 86 David Roemer WITHIN 72 HOURS 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. (F UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 2--12--52 DEAD /19 86 34 YRS PM Male White TO SHETHPLACE ISTATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED XX Baltimore City, U.S.A. Maryland WIDOWED CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Magician Baltimore 4700 Blk. Yellow Wood Rd. Entertaining SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 3a STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 211 Aigburth Road 21204 YES NO D Maryland Towson 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST William Roemer Gertrude Tear 17 INFORMANT 66 SOCIAL SECURITY NO. ADDRESS 213-60-4070 G.T.Roemer 211 Aigburth Road 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter p.nly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Carbon Monoxide Intoxication IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01 ED AS A I 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BOR YES T NO X TO MEDICAL EXAMINER: THIS CERTIFICATE SY EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD SAFIER DEATH, WITH THE STATE DEPARTMENT OF MARYLAND, 21201 PRÍOR TO BÚBAITMENT OB BÁITMADRE, MARYLAND, 21201 PRÍOR TO BÚBAITMENT OB THE STATE DEPARTMENT OB THE STATE DEPARTMENT OB THE STATE DEPARTMENT OF THE STATE 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TOR 8/ 20/1986 CONTRIBUTING CAUSE OF DEATH subject inhaled exhaust fumes from auto 21e PLACE OF INJURY (AT HOME, 214. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK in 4700 Blk. Yellow Wood Rd.Balto. City, auto parked Inspection X 220 I certify that I took charge of the remains described obove, held on Autopsy and in my ppinipn Suicide XX Natural causes Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8/21/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 13c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 8-23-86 Parkwood Parkville Baltimore Maryland 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE CO. **DHMH - 17** Mitchell-Wiedefeld Home 6500 York Road 21212 (VR A15 ME (5))

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	5 g	5 d M		BURIAL, CREMATION, REMO	OVAL 236 DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	BP_	.50	17	Burial	8/19/	86	Woodlaw	n Cemetery	Baltimo	re	Mar Mar	yland
		5 50M 4/83	24 F	UNERAL DIRECTOR				25a DA	TE REC'D. BY REGISTRA		RAR'S SIGNATUR	E
		15, 4)	A	· Alan Seitz	. Jr. 361	5-19 Ch	nestnut A	ve. 21211 Al	JG 1 8 1986	gutie Du	vidson-Man	SAME.
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FOR

- STATE

DHMH - 16 60M 7/84

(VRA 15. 4)

Ave. Baltimore, Maryland 21217 Sadler 2594 Riggs Avenue Baltimore, Md. 21216 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 minutes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? FENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 COUNTY STATE August 17, 19 86, and that in (My) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Maryland REGISTRAR'S SIGN AFORE 250 DATE REC'D. BY REGISTRAR 25 14 NUTTERE & SONS FUNERAL HOME, ADINC. 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

STATE OF MARYLAND

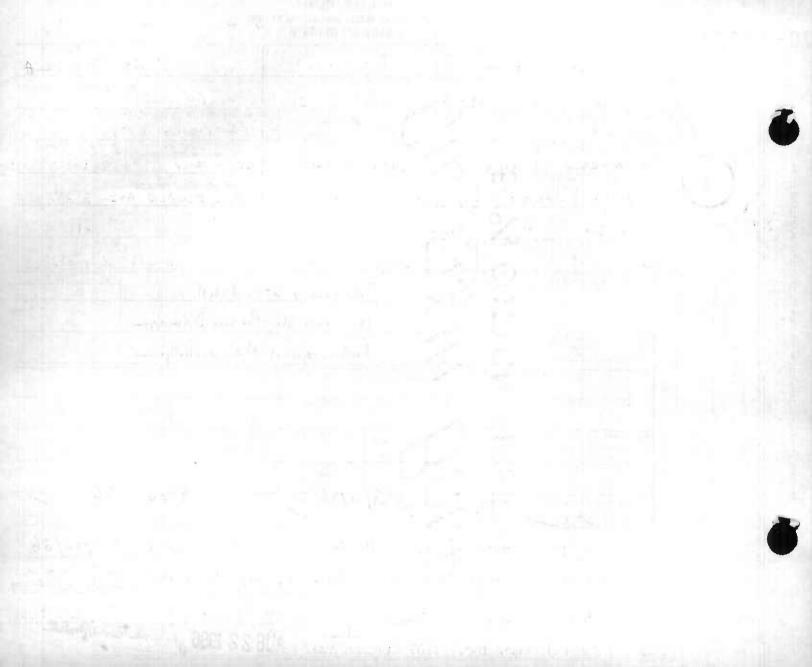
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5

26 HOUR

10:30p



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🛌 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) 86 20 Elizabeth ROMEC poge deo 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR MONTH YEAR 31 Female White Mar. YRS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY BALTIMORY CITY Maryland WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BAUTIMORS Gabriel & Bowie OF MARYLAND Secretary USUAL RESIDENCE (IF NURSING I ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 OUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 4502 Linden Avenue, 21227 Maryland Baltimore Arbutus YES [3] NO TX FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE William Hall Bullock Ruby In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES. NO OR UNKNOWN 212-28-8030 James P. Romeo, 306 Stonewall Road, 21228 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ici. PART I. DEATH WAS CAUSED BY ulmonary Standstill IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF rreversible Brain Damage Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 710. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d INJURY OCCURRED 21s. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 16 220 I certify that (1) (this haspital) attended the deceased from and that in (my) (aux apinian death accurred an the date and have and from the causes stated saw the deceased alive an above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED M.D. ATTENDING MEDICAL 86 PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT. 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS the the 22 S. Greens CHARLES CHENG shoul 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) COUNTY 8/23/86 Loudon Park Cemetery Baltimore Maryland Burial 24 FUNERAL DIRECTOR 21229 DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc., 4107 Wilkens Ave. (VRA 15, 4)



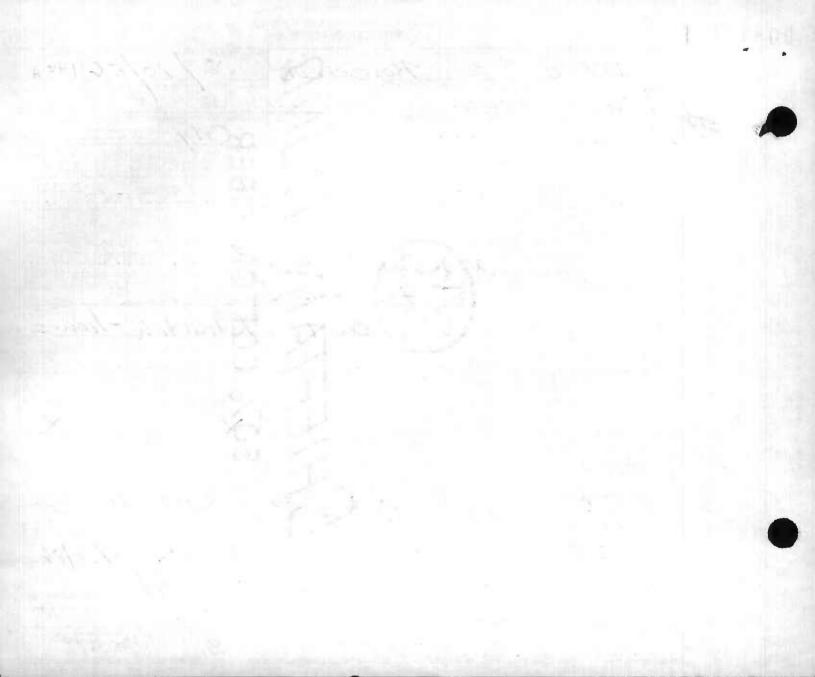
BALTIMORE, MARYLAND 21215

SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD

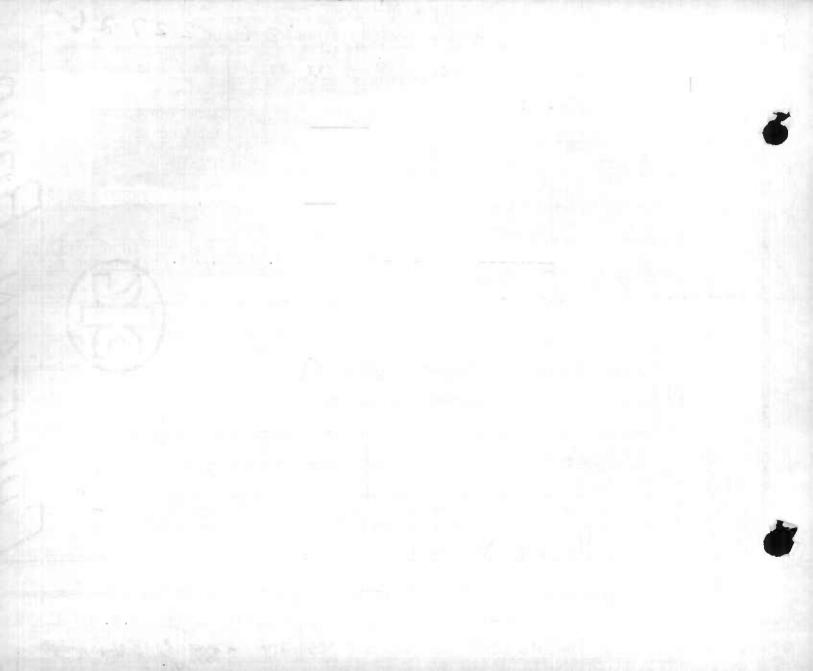
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STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR



3	11.750	1 -	18,22a,F11mG6 FOR STATE REGISTRAR		DICAL EXAMI	HEALTH			22	72	6	
00-	14/30		CEASED NAME FIRST		MIDDLE		LAST	20. D	ATE KNOWN	MONTH	DAY YEAR	26 HOUR
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17.	OUR AIT E, D		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one cause per line BY:	for (a), (b), and (c).)		7/1/11				APPROXIMATE BETWEEN ONSET	
ONO	24 HOU ITEM 18 LONG V PERMIT GIENE, VAL.		IMMEDIAT	E CAUSE (o)	rdiomyopa AS A CONSEQUENCE	thy						
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AL RI	AL, AL	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			S 1-7	20 AUTOPSY?	
VII	WORD WORD WORD WORD BE US BE US	RTIF	210 EXTERNAL CAUSE WAS	21b. TIME OF		Tab and					YES 🔯	NO 🗆
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HON TING THE WORD "PENDING" IN PENCIL IN ITEM 1. BED TO THE CHIEF MEDICAL EXAMINER ALONG 13 SHOULD BE USED AS A BURIAL - RANYIT PERMI DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.		UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M.	MONTH DAY YEA	R ZIC. HC	OW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM T	18 PART 1 OR PART 2		
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15	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV L DIRECTOR: PH, WITH THE ST MARYLAND, 3	Q.	22a I certify that I taak charge	af the remains desc	ribed obove, held an	Autap	y X. Inspe	ction . In	quiry	ond in my opini	on	
W	SECTION SECTIO		death resulted from: Nature	ol causes 🕮 🖰	Ascident L., S	uicide	, Hamicide L	_ Undetermin	ed manner			
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	TO ME EXECUTE PAGE TO FU	230.B	JRIAL, CREMATION, REMOVAL 23		23c NAME OF CE			23d. LOCAT	ION	COUNTY	SI SI	ATE
07/84 25M	BP24/		BURIAL	8-8-86	CEDAR	HILL	CEMEND	RY BALT	IMORE	A.A.	MARYL	
23M	DHMH - 17		NAME TO THE TAX TAX TAX TAX	AT TTO ADDRESS	237 E P		000	JE REC'D. BY REG	ISTRAR 754 REC	DISTRAR'S SIG	NATURE	
	(VR A15 ME (5))	1	ICCULLY FUNER	AL HOME	BALTIMO	RE 2	225	JG 8 19	88 Julia	Davidson	-Nouseke	-



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STATE OF MARYLAND

1 -	STATE REGISTRAR				CATE OF DEATH	REG. NO	0.	8 500	
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/	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY? 8	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	_		
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	Baltimore		Secours HO		ROTHER INSTITUTION	(TYPE OF WORK FOR MOST O Domes ti	F WORKING L		F BUSINESS OR
13a 4	AL RESIDENCE (# NURSING HOME OF TATE 13b, COL		GIVE RESIDENCE BEFORE AD/ 13t. CITY OR TOWN Baltimor		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS /	ZIP COD Fayet	te st.	3
14 F/	ATHER'S NAME	WIDDLE	1241		15. MOTHER'S MAIDEN NAM	ME MIDDLE		1241	
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	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDRE			
6	YES, NOOR UNKNOWN) (IF YES, G				Douglas Ross	5 223	2 W.	Fayette	St.
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_C	AS A CONSEQUENCE	011	YOPATH	7			
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	
MEDICAL CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OP	PERATION	WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDIN	
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH	A. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, FARM	A, ETC)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	220.1 certify that (1) (this has saw the deceased alive above, (1) (v. 1 (did) (3 19 81		d that in (my) (and opinion of	deoth occurred on the de	ote and ho		
	SIGNATURE	lin		C	ATTENDING PHYSICIAN	MEDICAL STAI		8/	3/84
B	TO WE	SHAV	13ns		220 ADDRESS	PHILADI	B	0 (-/.	MARCUM

PORTANT; If them 21 is marked or them 18 shows any

DHMH - 16 60M 7/B4 (VRA 15, 4)

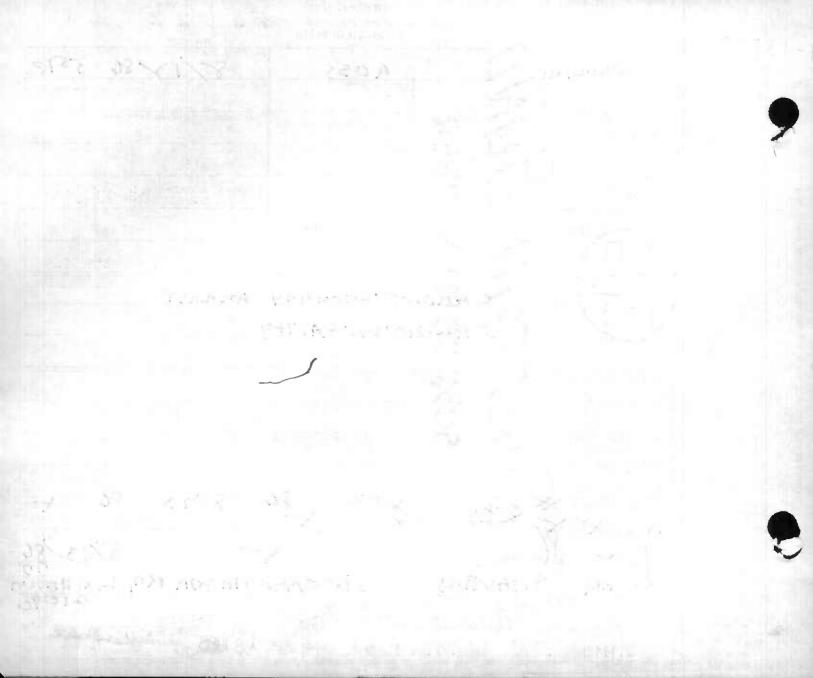
230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY

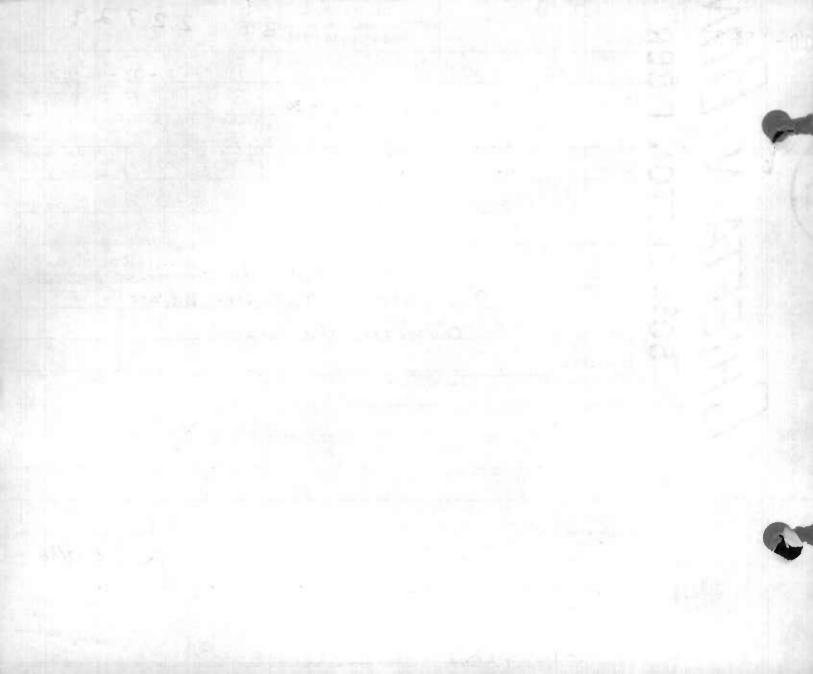
23d LOCATION
CITY OR TOWN
Baltimore

COUNTY

STATE Md.

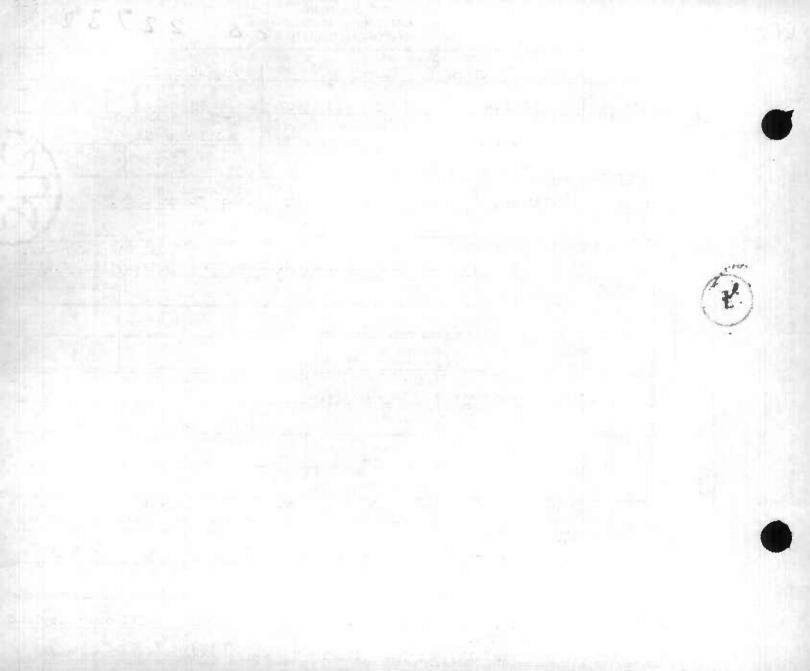
8/16/86 Mt. Zion Cemetery Ba 24 FUNERAL DIRECTOR William





STATE OF MARYLAND

	I. DEC	REGISTRAR EASED NAME	FIRST	MI	DDIE		ICATE OF		20. DATE OF DE	ATH MONTH	DAY YEAR	25 HOUR
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find .	1. 5EX		4 RAC		ага	5. DATE C	OF BIRTH		6. AGE (IN YEARS		IF UNDER I YEA	
	Fee	male	W	hite		MONTH	24	1907	-	9 YRS.	MONTHS DAY	MOURS MIN.
5	Je Bil	THPLACE (STATE OR FO			HAT COUNTRY?	8				CITY OR COUNT	Y OF DEATH	
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50		TY OR TOWN OF DEAT	H 11. N	VAME OF HO	OSPITAL, NURSIN	IG HOME C			12a. USUAL OCC	UPATION MOST OF WORKING		OF BUSINESS OF
101	Ba	ltimore	Va	alley	Nursing	Home			(TYPE OF WORK FOR	WOSI OF WORKING	(IPE) INDUSTR	
21	USU/	L RESIDENCE (IF NURSIN		INSTITUTION G		ADMISSION)	1134 INSIDE	CITY LIMITS?	113. STREET ADD	RESS / ZIP COL)F	
9	W.	ryland	Baltimo		Towson		YES [NO X	Tabco T	lowers A	pts.	21204
h		THER'S NAME	WIDDLE		LAST		15. MOTHER	'S MAIDEN NA		IDDLE		AST
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0		AS DECEASED EVER I	N U.S. ARMED F		166 SOCIAL SECU	IRITY NO.	17 INFORM	ANT		ADDRESS132	Claren	don Ave.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 CERTIFICATE OF DEATH

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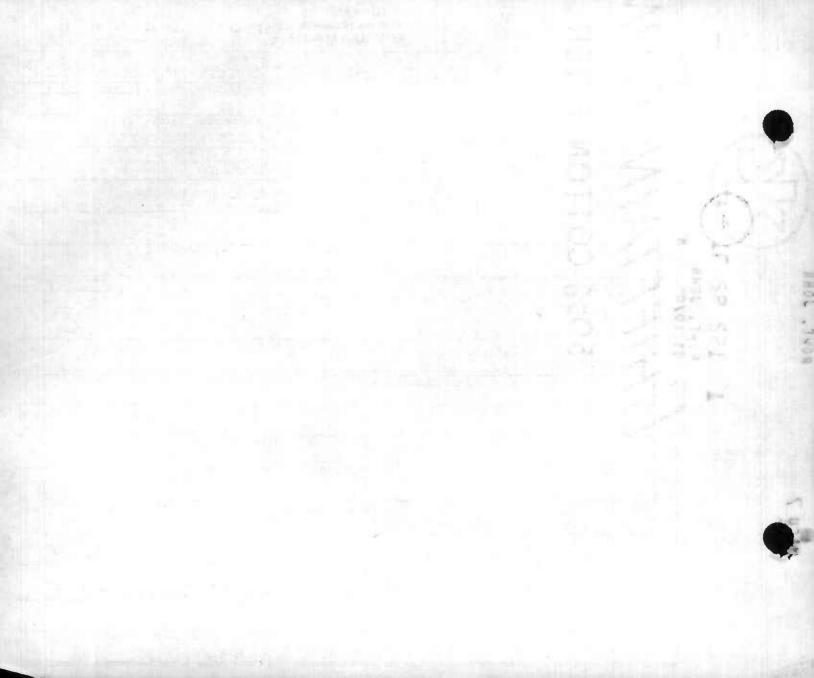
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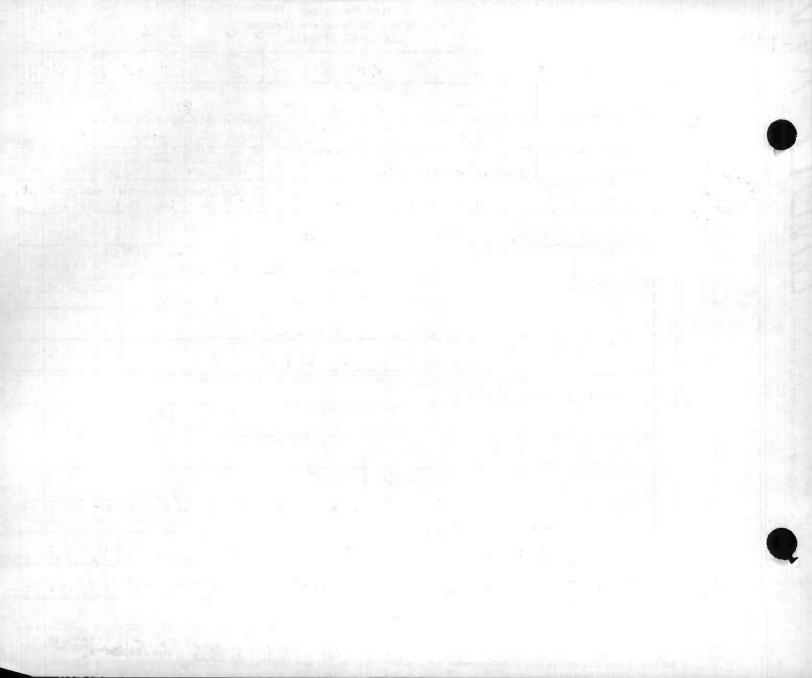
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March Funeral Homes

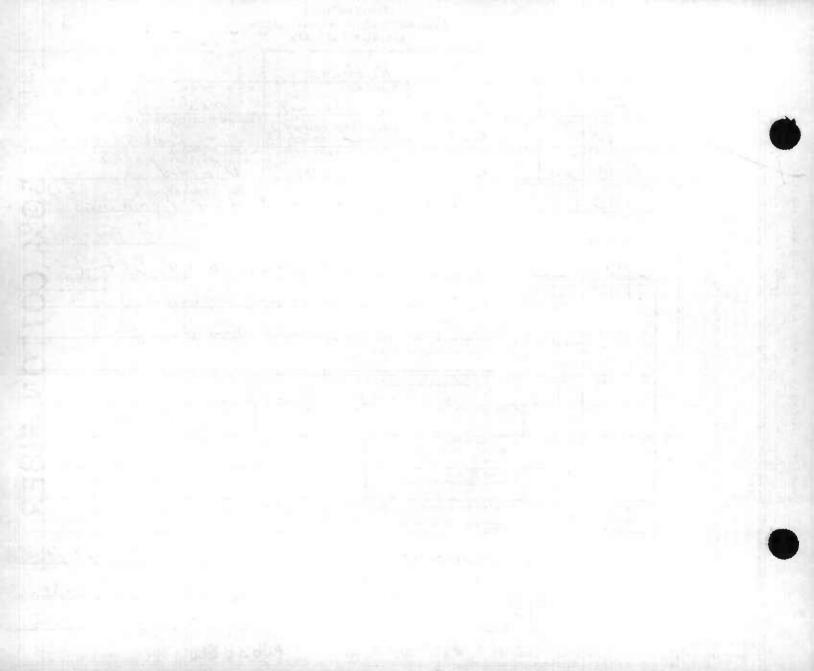
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(VRA 15, 4)	25	O1 GWYNNS FALLS	F PKWY.	BALTIMORE	, MD. 2121	6 AUG	8 1986	lia Davidon-16	Maria



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME MIDDLE 2a DATE OF DEATH MONTH 2b HOUR LTYPE OR PRINTS 026 nnie 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR 2 To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED TIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY nore nivers USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 2/201 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO more 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 1Jers ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 12 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause a PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 206. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY 22a I certify that (I) (this hospital) attended the deceased from , and that in (my) (aur) apinian death occurred an the date and have and fram the causes stated saw the deceased alive an. abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME 22e ADDRESS should b 0 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) ORTOWN COUNTY Burial 8/30/86 Mt Auburn Cemetery Baltimore 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 FUNERAL HOME WEST 4300 Wabash Avenue (VRA 15, 4)



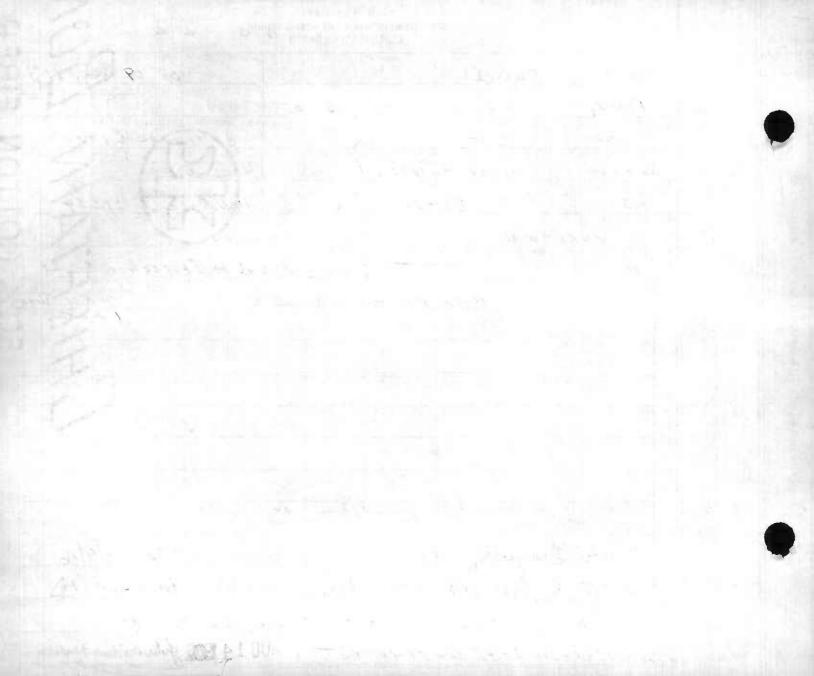
STATE OF MARYLAND

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DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND



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d d	3 SE)		4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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34		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	TRY? MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	
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screen for use as the bottom stypermin their pressers. Dept. of Health and Mental Ageine prior to burrial, crem! Hem 21 is marked or fem 18 shows any injury, or other	MEDICAL	gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF OEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMINER) 22d. Certify that (II) this hospit sow the deceased live on, obove, (II) (well did) did not 22b. SIGNATURE	DUE TO, OR AS A CONSI IC) ONDITIONS CONTRIBUTING 196 CONDITION FOR WE THE HOUR A.M. MONTH HOUR A.M. MONTH PLACE OF INJURY (AT HOME, STREET, FACTORY, OF TO) ottended the deceosed fr T	EQUENCE OF TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED DAY YEAR 19 ZITCHOW INJURY OCCUP STREET THE TOTAL STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? 200 INC. 200 AUTOPSY? 200 INC. RRED GENTER NATURE OF INJURY IN ITE CITY OR TOWN 2 10 7 - 3 death occurred on the date on	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 10, that (1) we) losed hour and from the causes stated



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH 2b HOUR LTYPE OR PRINTS ESTI-DEATH MATED J. Charles Sann 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 12"32 [YACT BIRT! DAY] PRONOUNCED 28- 18 68 YRS White DEAD Male 70 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. WIDOWED DIVORCED Baltimore City OCCUPATION (TYPE OF WORK Sec. Guard/Ret. Grumman Cor Baltimore City Francis Scott Key Medical Center 3g STATE 136 COUNTY 13e STREET ADDRESS 3d. INSIDE CITY LIMITS? Baltimore Maryland 3709 E. Lombard St. 21224 YES X NO 🗌 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Waterworth Wilsie Sann Jacob 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES Mr. Joseph Sann 726 Corby Rd. 21221 218-05-3196 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? HEADS ONLY YES NO 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY TIC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 718 PLACE OF INJURY (AT HOME, 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY STATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMOSE MARYLAND 22a. I certify that I took charge of the remains described above, held on death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT 07/84 25M 24. FUNERAL DIRECTOR **DHAH - 17** (VR A15 ME (5))

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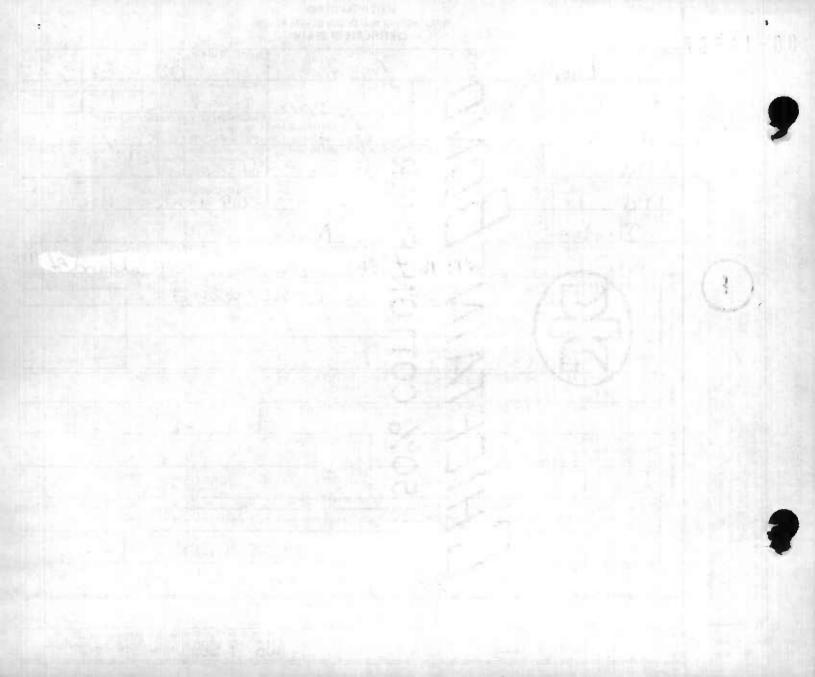
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH HIMOM 2h HOUR (TYPE OR PRINT) ROY (CHRISTUPHER SAUNDIRS 30 86 11,55 am IF UNDER I YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3 SEX MONTH YEAR HOURS 1986 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INFANT USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 4210 CUAT SERIDGE SEVER N ARVINDA 15 MOTHER'S MAIDEN NAME FATHER'S NAME SIBUNIERS BRUCILLA WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN LIE YES GIVE WAR OR DATES! Montez Saunders 8210 Coats Bridge Court APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (b) PART I. DEATH WAS CAUSED BY ARREST ARDIURESPIRATORY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DISGUE MEMBRANE SEVERE Canditions, if any, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF PREMATURIT cause (a), stating the underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG neumopERICARDIAM 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? NSERTION OF CHEST TUBES NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTHY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM ETC.) 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an. and that in (my) (OUT) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (dre not) view the bady after death. DEGREE 226 SIGNATURE 22c DATE SIGNED ATTENDING STAFF .30. PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should by 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL 9/3/86 Cedar Hill Cemetery Anne Arundel Co. REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 March Funeral homes 1101 East North Avenue (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME KNOWN X 76 HOUR 20 DATE (TYPE OR PRINT) OF ESTI-DEATH MATED 8 19 86 Saunders Frank 4 RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c DATE LAST BIRTHDAY) 2:07P PRONOUNCED Male DEAD 19 86 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED XNEVER MARRIED FOREIGN COUNTRY U.S.A. N.C. WIDOWED [DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1726 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET Baltimore Bon Secour Hospital Building Construction ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21216 3a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY YES L Md. Balto NO [2104 Mt. Holly St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frank Saunders, Sr. Mamie Patterson 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 216 36 0781 ves Mrs. Mamie Saunders 2104 Mt. Holly CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hyperthermia DUE TO, OR AS A CONSEQUENCE OF Conditions, it any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORD
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TOR: PAGE 3 SHOULD BE USE
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AND, 21201 PRIOR TO BURIAL YES X NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 719 86 Heat exposure 21e PLACE OF INJURY 211. LOCATION STATE WHILE WHILE AT WORK AT WORK 240 N. Carey St. Balto. MD. construction site EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STANDORE, MARYLAND, 2 220. I certify that I toak charge of the remains described obave, held an and in my opinion Accident X Suicide Homicide ___ Undetermined monner Natural couses TITLE (SPECIFY) M. Assistant MEDICAL EXAMINER 7/8/86 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto, Md. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Owings Mills, Md. STATE Burial Garrison F. V.A. 07/B4 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 James A. Morton & Sons 1701 Laurens (VR A15 ME (5))

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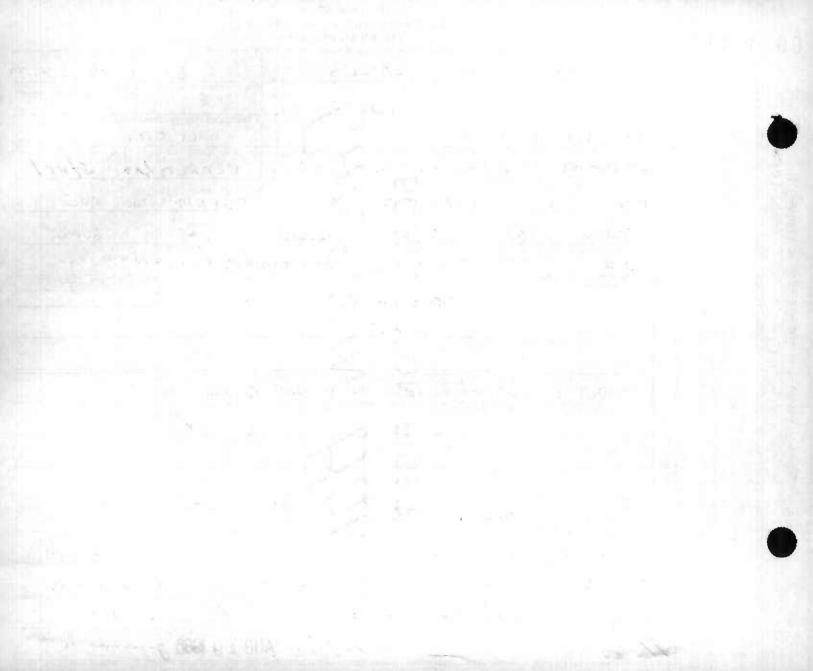
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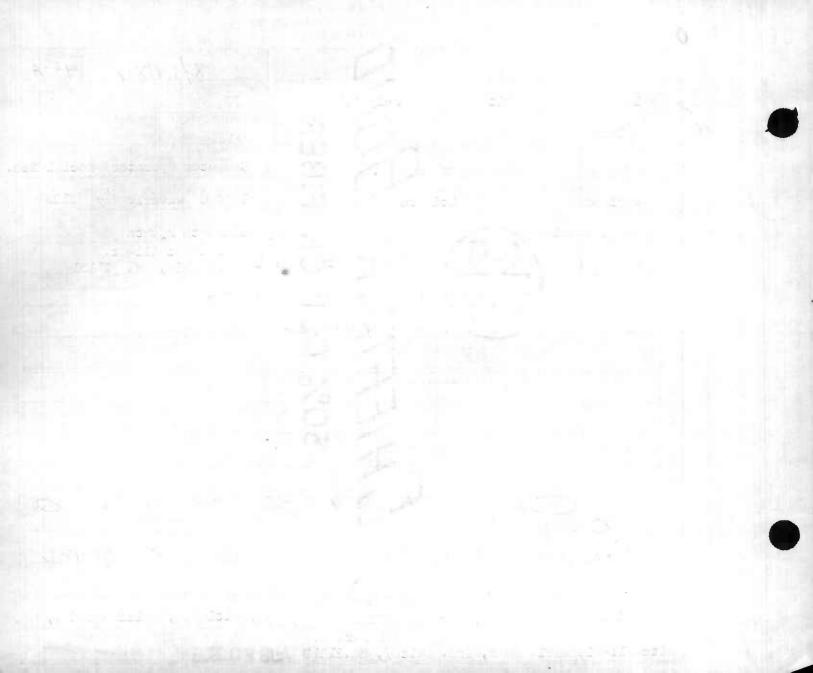
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(VRA 15, 4)





00-16-02	1 -	FOR STATE REGISTRAR	DEPAR	IMENT OF HEALTH AND M CERTIFICATE OF DE	ENTAL HYGIENE	REG. NO.	5 227	48
14702		CEASED NAME FIRST RENT		SCHENNI	NG	AUC	G- 2, 1986	10.57 A
ctor, po	3. SE:	F	4 RACE	5. DATE OF BIRTH MONTH 7 DAY 26	YEAR 18	GE (IN YEARS LAST BIRTHD.	MONTHS DAYS YRS.	# UNDER 24 HRS HOURS MIN.
		MARYZAND.	76 CITIZEN OF WHAT COUNTRY	WIDOWED DIV	ARRIED	BALTO	DCITY	MD.
5/0	7	BOH MORE	11. NAME OF HOSPITAL, NURS (JE NOT IN SUCH FACILITY, GIVE STREET	LED ICAL CEN		USUAL OCCUPATION PE OF WORK FOR MOST OF W HOM & MALE	ORKING LIFE) INDUSTRY	F BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND'S 120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurer or entending physician. When this certificate has been signed by the oftending profession on the buriol-transit permit. Then please remove contact happens and a mould be the and Mental Physician prior to buriol, cremation, or the angle of the profession injury, or other troumotic.	13a. S	MD BA	ROTHER INSTITUTION GIVE RESIDENCE BEFORM NTY 131, CITY OR 101	WN 13d. INSIDE CIT	NOW	STREET ADDRESS / Z	IP CODE AVE	57
mple within	TP.	THER'S NAME	MIDDLE LAST	wski	MAIDENTNAME WALKO	WW	LAST	
TIMORE be execu		WAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN) (IF YES, GIV	ve war or dates) 21401	1699 TED	Schen	ADDRESS	44 HARTUR	Air St.
ST., BAI		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o ED BY: TE CAUSE (o)CAY	DIAC AR	REST	-)	BETWEEN O	MATE INTERVAL ONSET AND DEATH
deoth of other distriction, or roumotic		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE (16) SEVE	UENCE OF COROL	vary f	KRTERY)	BEASE	
ot W. P. that the d by the lease ren iol, crem or other t		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE					
requires ren signe t. Then p or to bur y injury.	TION		CONDITIONS CONTRIBUTING TO					
TAL REC	CERTIFICATION	19a DATE OF OPERATION		H OPERATION WAS PERFOR	Y	ES NO N	NO. IF YES, WERE FINDIN N CERTIFYING CAUSES (YES []	OF DEATH?
NOF VITA SICIAN: TI ning physici certificate uriol-tronsid tentol Hygi	MEDICAL CE	2 18. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH I	DAY YEAR 19		(ENTER NATURE OF INJURY II	WIEM IS PART I OR PART 2)	
DIVISION ING PHY: After this: as the builth and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET		CITY OR TOWN		STATE
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HOSPITAL OR ned by the h FUNERAL DIR IN Selection to the Store Deportment of the Store Deportment. If the		THE PHYSICAN S NAME INTO	Maf mer	AT AT		EDICAL STAFF RECTOR PHYSICIAL	_ 2 4	UG 86
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DHMH - 16 50M 4/83 (VRA 15, 4)	L	UNERAL DIRECTOR NAME KZDKOWSKI FO	DINCRAL HOME	2525 FLEET S:	AUG	4 1986	B. REGISTRAR'S SIGNATU	

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0-11	0/;) /		CEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY	YEAR 25 HOUR	31.0
- 3	5.5		,,,,,,	GEORG	GE W	SCH	IIEFER	AUGUST 2	1986	4.52	R
100	2 2		3. SE		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		ER I YEAR IF UNDER 24)	HRS
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98 Groker	2 people bank	35	13a. S	RESIDENCE (IF NURSING HOME OF TATE 136 COURT - THE TATE T	NTY 13c. CITY	ortown ltimore	13d INSIDE CITY LIMITS? YESXX NO [] 15. MOTHER'S MAIDEN NA	130 STREET ADDRESS / 510 N. W	ZIP CODE	on St.21	
P -	11	M	V	George		hiefer S	r. Sophie	MIDDLE		Geumann	
	000	10	16a. V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRE		044	
[] Ju	500	1/	()	ES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	_07_8476	Eleanora L	itchfield	510 N.	Washingt	205 F n n
288	AAAA on papers	1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		a). (b). ond (c).)	c arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 45 MIN	
deorth Chee	owi corbi	permote		Conditions, if ony, which	DUE TO, OR AS A CO	ONSEQUENCE OF HYPE	rkalemia			12 hrs	
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SCIAN 9 Phys	artifical rathon ratal Hy	19	1250	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	HOUR A.M. MOI	NTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I O	R PART 2)	
AG PHO afferda	Her this as the by th and M	nded or	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR	RY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN CI	DUNTY STATI	E
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TO HO	to fur should	1 180		URIAL, CREMATION, REMOVAL		23c NAME OF CE	GOO N. WO	23d LOCATION	alt. M	d 21205	_
. BP			(Burial	Sent 2 19			CITY OR TOWN			-
			24 FL	INERAL DIRECTOR			more Cemete	E REC'D. BY REGISTRAR	imore	SIGNATURE	1d-
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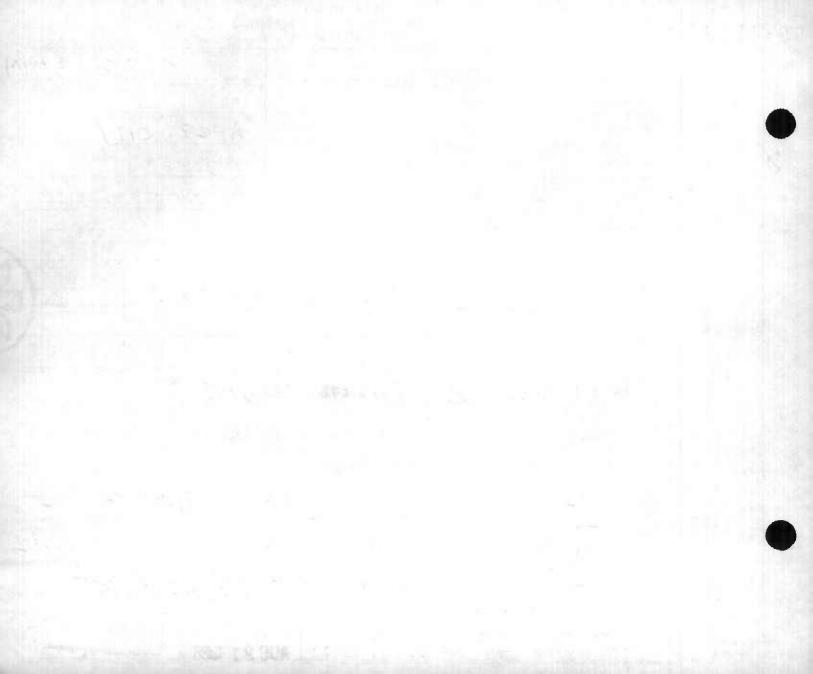
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(VRA 15, 4)

24 FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md. 21213

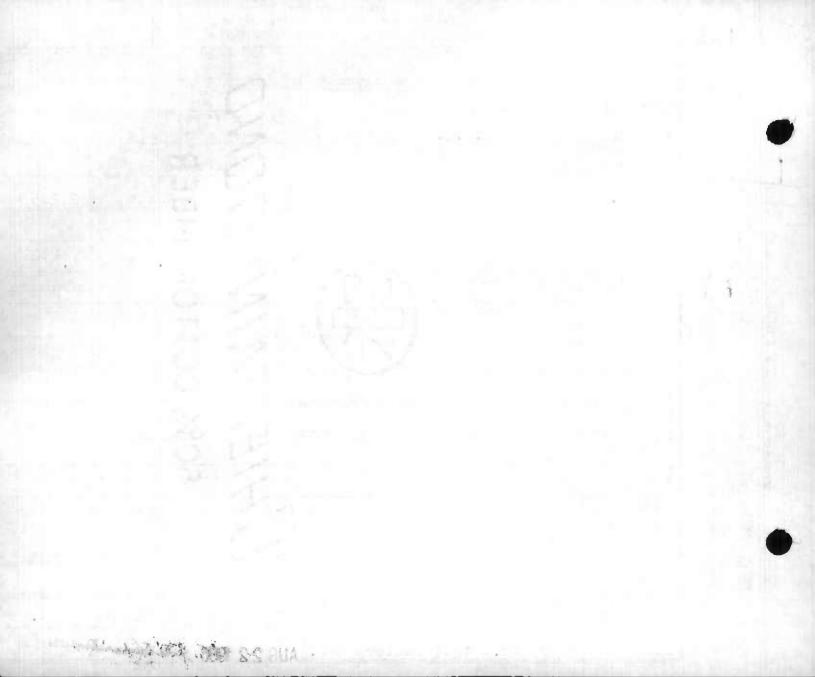
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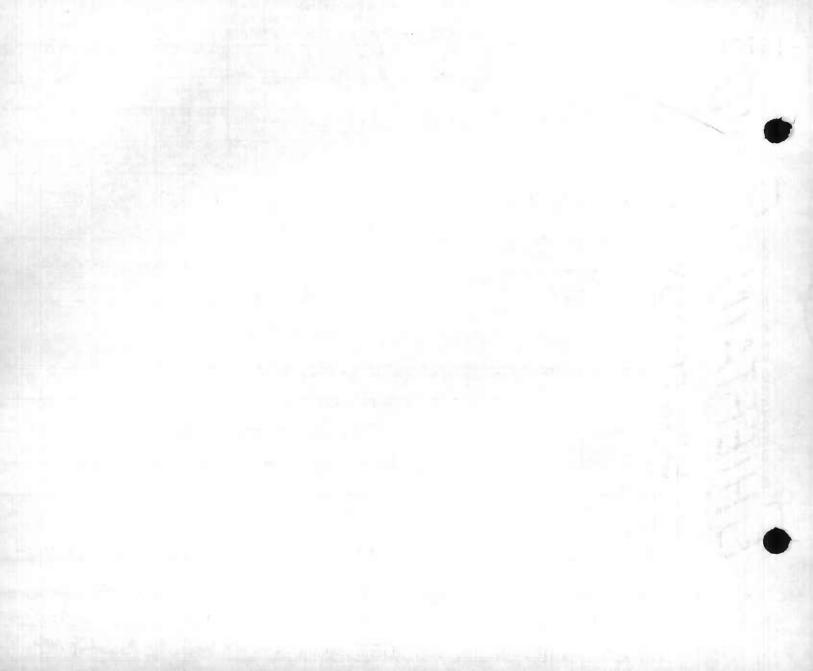


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME MIDDLE 20 DATE KNOWN W MONTH DAY 75 HOUR (TYPE OR PRINT) OF ESTI-Shirly G. Schnorrenberg 6. AGE IN YEARS IF UNDER 1 YR. 4. RACE DATE OF BIRTH . SEX DATE LAST BIRTHDAY PRONOUNCED DEAD Female White 21/19 86 AM 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRYS U.S.A. Ohio WIDOWED [DIVORCED | Baltimore City, ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 114 N. Haven St. SUAL RESIDENCE LIF IN HURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION. 130 STATE 136 COUNTY 136 INSIDE CITY LIMITS? 13e STREET ADDRESS Md. 514 N. Haven St./21205 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Albert Schnorrenberg Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) 500 S. Eaton St. 216-50-1905 Elmer Hare APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR; PAGE 3: AFTER DEATH, WITH THE STATE DEI BATTIMORE, MARYIAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion Natural Causes X death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/21/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Oak Lawn Cemeterv Baltimore 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH - 17** & Zeiler 1901 Eastern Ave. (VR A15 ME (5)) Inc.



STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE E OF DEATH REGISTRAR REG. NO KNOWN X DECEASED NAME 2b. HOUR 20 DATE (TYPE OR PRINT) OF ESTI-DEATH MATED Ruth 2719 86 G. Scholz 4. RACE 3. SEX 2d HOUR DATE OF BIRTH IF UNDER 24 HRS DATE 11:33 LAST SIRTHDAY PRONOUNCED 27 19 86 DEAD 19 26 66 YRS White 10 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Baltimore City Maryland CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Baltimore St. Agnes Hospital Homemaker 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 4507 Rehbaum Ave. Arbutus Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST John Hendricks Carrie Weber 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO T. PAGES I (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 220-05-4401 Donald Scholz 4507 Rehbaum Ave. 21227 NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HER THIS THE WORD FOR THE CHIEF MEDICAL EXAMINATION OF THE CHIEF MEDICAL EXAMINATION OF SHOULD BE USED AS A BURIAL TRANSIT PERMIT STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 714 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDED TO FUNKAL DIRECTOR. PAGE 31 AFFE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND 51201 BA STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK Inspection K 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinian death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/28/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. Balto.MD. 111 Penn St. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 8/30/86 Loudon park Cemetery Baltimore Buria! 07/B4 25M 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR lie Devidson-Randall **DHMH - 17** (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilens Avenue



DHMH - 16 60M 7/84

h the St

24 FUNERAL DIRECTOR (VRA 15, 4)

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

Leonard J. Ruck, Inc., 5305 Harford Rd.

8-6-86

236 DATE

Balto., Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

UNIV OF MAKYCAND CANCER CENTER

22c DATE SIGNED

2b. HOUR

Electrical

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

10:05A.M.

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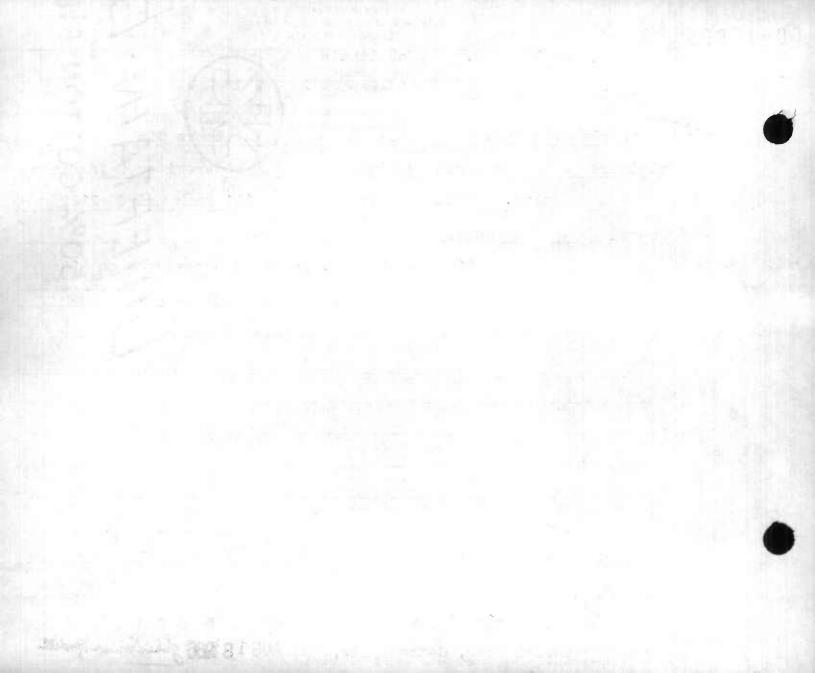
DHMH - 16 50M 1/81 (VRA 15, 4)

MacNabb Funeral Home, Catonsville, MD

Burial

24 FUNERAL DIRECTOR

Loudon Park Cemetery Baltimore



STATE OF MARYLAND 00-1604 DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REGISTRAR MIODLE 1. DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) 1825 Henry Louis SCHUPPLE, Sr. 5. DATE OF BIRTH 3 SEX 6 AGE (IN YEARS LAST BIRTHOAY) IE UN OER 24 HRS MONTH YEAR Male White July 18 68 TO BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OF EOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore City USA Maryland WIDOWEDX DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK EOR MOST OF WORKING LIEE) INDUSTRY Communications Spec. -Civil Ser. Baltimore St. Agnes Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore 4727 Melbourne Road, 21229 Maryland YES X NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MICDIE H.C. Pedwin Schupple Evelvn George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Yes WWII & Korea 215-09-5725 Henry L. Schupple, Jr., 41 Greenview Avenue 18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COUSES hive DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which (ovollan auteur dilect gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO T 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, EARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on 625 X6_, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING - Nasiv MEDICAL 8/18/86 PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS AGNES HOUP should be with the NASIR MOKHTAR CATON AJENUE 0 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 236 DATE 23d. LOCATION (SPECIFY) CITY OR TOWN 8/21/86 Burial Oaklawn Cemeterv Eastpoint Baltimore 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc., 4108 Wilkens Ave. (VRA 15, 4)

09	1 -	FOR STATE REGISTRAR		DEPAR		CATE OF DEATH	REG. NO.		30.3
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rs offer d	3 SE	Female	4 RACE	ni te	S. DATE OF	F BIRTH DAY 1906	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	
ny 2 hou	7a Bi	RTHPLACE (STATE OR FOREIG OUNTRY) Maryland		WHAT COUNTRY	MARRIED WIDOWEL	NEVER MARRIED DIVORCED	BALL'LMORE CITY OR COL	UNITY OF DEATH	MD.
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and be	13a S	laryland	OME OR OTHER INSTITUTION COUNTY	130. CITY OR TO	nore		13e STREET ADDRESS / ZIP 6	CODE rfield /	Ave. 21213
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s. Pages		VAS DECEASED EVER IN U (ES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	212-46-		Marie T. Sc	ADDRESS Iscione 109 Wo	odmans C	ROXIMATE INTERVAL
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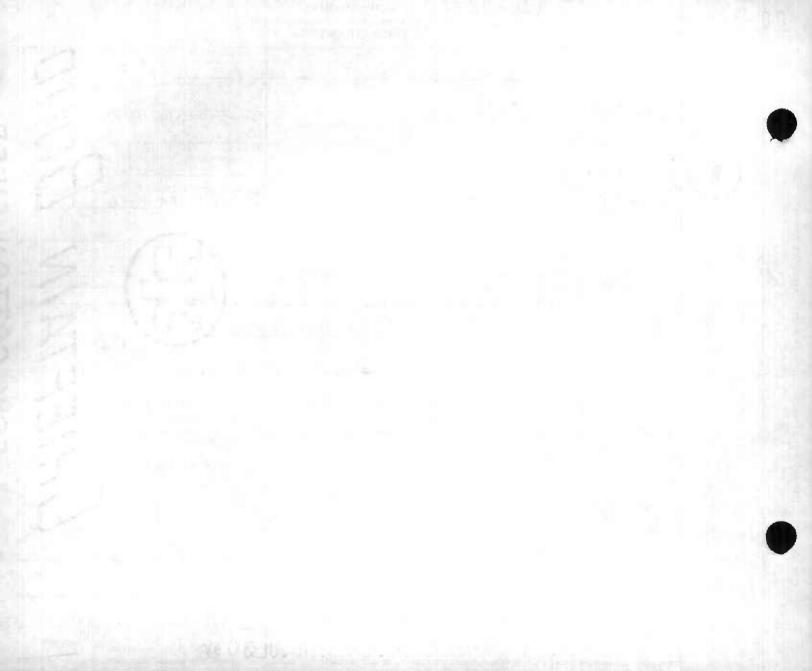
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I DECEASED NAME MIDDLE 2b. HOUR [TYPE OR PRINT] SCOTT AUGUST 17, 1986 3:37 M BERTHA E . AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 3. SEX MONTH YEAR DAY 12 B 1.0 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY Maryland WIDOWED U.s.a. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE Domestic JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 2306 Whittier Avenue 21217 BAltimore YES KT NO Maryland I FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Sorrell William Smith Henry Jane 17 INFORMANT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IYES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214242053 Joseph Scott 2306 Whittier Avenue no 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and to:.) PART I. DEATH WAS CAUSED BY. CITRAIO PULMOWARY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ORAL SQ . AMOUS CALL METASTATIC Conditions, if ony, which gove rise to immediate CAVITY couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? CERTIFIC SQUAMOUS CALL CANCAR OF TOUGUS YES [] 21h TIME OF INJURY 21c HOW INJURY OCCURRED 21a ACCIDENT WAS UNDERLYING FENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death DEGREE 22c DATE SIGNED THE SIGNATIVES MEDICAL PHYSICIAN DIRECTOR PHYSICIAN TO FUNERA should be de with the Stat IMPORTANT WOLFE ST. BALTO. MD. 236. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 736. DATE COUNTY Burial 8/20/86 Baltimor Eastview BP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Wm. C. March F/H Inc. 1101 E. North Avenue Gulia Davidson Adoptate (VRA 15, 4)

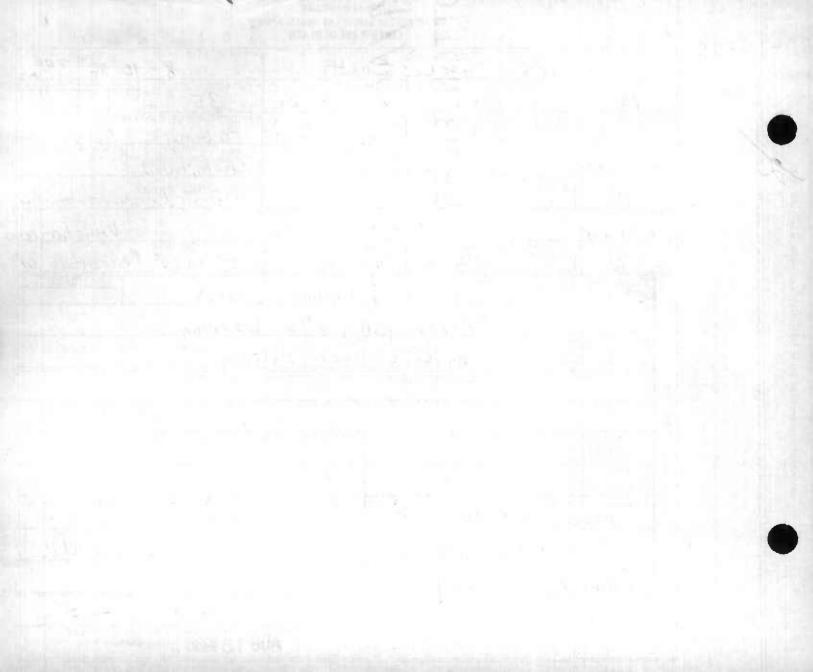
Section 1

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STATE OF MARYLAND -DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 7h HOUR COS-CHIEFLY) CAREY SCOTT AUGUST 4,1986 2:15PM 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR HOURS. 1940 Male White **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Birmingham England CITY OR TOWN OF DEATH WIDOWED DIVORCED [BALTIMORE CITY 1 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE JOHNS HOPKINS HOSPITAL 21048 13d INSIDE CITY LIMITS? Maryland Finksburg Carroll IS MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Märgaret Carev Scott ADDRES 2050 Carrollton Ro 16b SOCIAL SECURITY NO. 17. INFORMANT Patricia C. Scott Finksburg, Md. 213-38-5018 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: - min. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Sepsis Canditians, il any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO I 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET, FACTORY OFFICE, FARM, ETC) NOT WHILE 22a.I certify that (1) (this haspital) attended the deceased Iram saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated above, (1) (we) (did) (did npt) view the bady after death. 27b SIGNATURE DEGREE 22c. DATE SJGNED ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 72d. PHYSICIAN'S NAME (TYPE OF PRINT) 72e ADDRESS ST BALTO.MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial 8-6-86 Veterans Eletcher & Son DHMH - 16 50M 4/83 Julia Davidson in Street (VRA 15, 4)

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AH - 16 60M 7/B4	24 F	UNERAL DIRECTOR		ADDRESS		250 DATE	REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATU	JRE
(VRA 15, 4)	M	arch Funeral H	ome West 43	00 Wabash	Avenue	AU	6 1 3 1986	Turne we	A Barrion	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH YEAR 2h HOUR LIYPE OR PRINTI ESTI-DEATH MATED 8/ Scott 1986 Joseph 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IE LINDER 24 HRS DATE 2:22 PRONOLINCED 16 Male Negro DEAD 1986 DM 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED USA Concord Virg WIDOWED DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! Sinai Hospital Baltimore Construction Mason USUAL RESIDENCE (JE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRES 13b COUNTY 13c. CITY OR TOWN Maryland Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Julia MIDDLE Fergerson Early Scott 17. INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 223-16-5098 Eloise Scott 4571 The Strand 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF JSED AS A BURIAL-OF HEALTH AND MER RIAL, CREMATION, O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NOXX RTMENT OF TO BUS CATE, WRITING ITTE FORWARDED TO THE 21n EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. 71d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNKER PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 Inquiry X 220 I certify that I taok charge of the remains described above, held an Autapsy and in my apinian Inspection death resulted from Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 8/5/86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. TYPE OR PRINT 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial oncord 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** NAME James A Morton FH 17ol Laurens whia Davidson-Mandalle (VR A15 ME (5))

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND



TO FUNERAL DIRECTOR: A should be detached for use with the Store Dept. of Heal

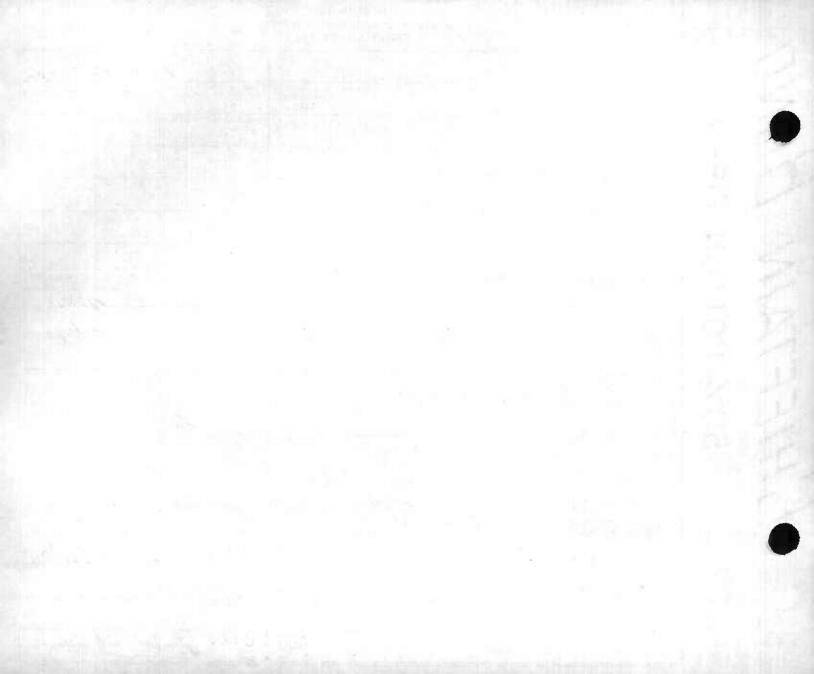
DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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ł	1.5EX	Ethel	4 RACE		SEAR S	FBIRTH		6 AGE (IN YEARS LAS	-	IF UND	DER 1 YEAR	IF UNDER 24 HRS
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J	-	FEmale	White		04	26	1910	76	YRS			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN X) MONTH (TYPE OR PRINT) EST1 **GEORGE** DEATH MATED SEATON, III E. 8 19 86 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 43 Male White 10 43 DEAD 19 86 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED FOREIGN COUNTRY) Maryland USA WIDOWED DIVORCED Baltimore City JO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Key Medical Center Manager World of RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Lulwoods 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN Harford Thornbury Dr. Maryland 2609 Edgewood Md FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE George Seaton, Jr. Elizabeth Anna Jacoby WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) 219-38-4547 Yes Viet. Dale E. Bielski 7044 Eastbrook Ave. 21224 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WIED PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIS BALTMORE, MARMAND, 21201 PRIOR TO BUILDAY. YES 🔯 NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING BOR 8-13- 1086 CONTRIBUTING CAUSE OF DEATH 8:05m Driver of auto/auto collision. 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK 5900 blk. Eastern Ave., Balto. City street MD 220 I certify that I took charge of the remains described above, held an Inspection Inquiry ond in my opinion Suicide Homicide . Undetermined manner TITLE (SPECIFY) ACTUAL 8-14-86 Assistant SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 8-16-86 Oak Lawn Cemetery Baltimore, Maryland 07/84 25M 24 FUNERAL DIRECTOR 7401 Below B. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Las d'anderso Pro (VR A15 ME (5))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2b HOUR deo IF UNDER I YEAR 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF LINDER 21 HRS White Male YRS To BIRTHPLACE THE CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN MARRIED EN NEVER MARRIED COUNTRY U.S.A. Maryland Baltimore City DIVORCED T WIDOWED I GILLOR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Good Samaritan Hospital Ret. Firestone Tire Co. LIAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 5613 Plymouth Road 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore 21214 Maryland YES X 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE Staubitz Servary Amelia Henry ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 5613 Plymouth Road 213-07-1566 Rose Servary 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [] 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that 19 8 6 sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS BLYD 230 BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Entombment Cockeysville Maryland Aug 30 1986 Dulaney Valley Mem. BP 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE. DHMH - 16 60M 7/84 AUG 29 1986 Baltimore, Maryland Leonard J. Ruck, Inc. (VRA 15, 4)

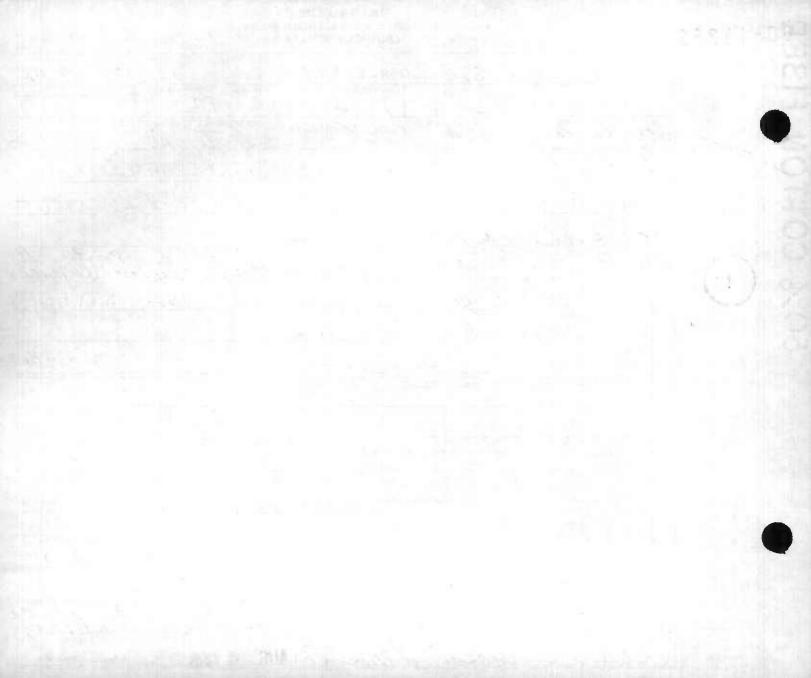
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DIVISION	100	ES, NO, OR UNKNO	WN) (IF YES, GIVE	war OR DATES)			0.044	Thompson		Chicory	y Hill I	ane
OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL.	N	gave ris cause (a) lying caus	SNIFICANT CONDITIONS	(b)		TERMINAL DISEAS		YEN IN PART 1 Io				
JRIAL, CR	CERTIFICATION	190. DATE OF			ION FOR WHICH C			D?			20 AUTOPSY	? NO []
CLOK: PAGE 3 SHOULD BE USED AS H THE STATE DEPARTMENT OF HEAL (LAND, 2120) PRIOR TO BURIAL, CR	MEDICAL CER	UNDERLYING	G CURRED	DEATH P.M.	MONTH DAY	EAR 211 LC	OW INJURY OC	CCURRED (ENTERN	CITY OR TOWN	M 18 PART 1 OR PAR		STATE
C, INVANTUALLY 1.			y that I taak char	Se of the remains des	Accident ,	Suicide	, Hamicide		Inquiry	and in my ap , DATE SIGNET	0/11/	86
PAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BAITIMORE, MARYLAND, 2	73o.B	EXAMINER'S I	NAME GY	regory R. 1			ADDRESS	723d LO	enn St.	COUN		
17	24. F	Burial UNERAL DIRECT	TOR	9/15/86		homas	25a.	Ra	ndallstov REGISTRAR 256 R	wn, Md.	GNATURE	TATE
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CONT. A.A. A. IN. S.Z.L. A.

REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNARIUM

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR - STATE REGISTRAR DECEASED NAME TYPE OF PRINTS 3 SEX BIRTHPLACE 14 FATHER'S NAME underlying 21d INJURY OCCURRED 22h. SIGNATU

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO 20 DATE OF DEATH 2b. HOUR 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY S DATE OF BIRTH F UNDER LYEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED WEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13d. INSIDE CITY LIMITS? NO TH 15 MOTHER'S MAIDEN NAME 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OP CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 7/7/86 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Aronav. 210. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) at ended the deceased fram saw the deceased alive an saw the deceased alive an. and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after deat DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

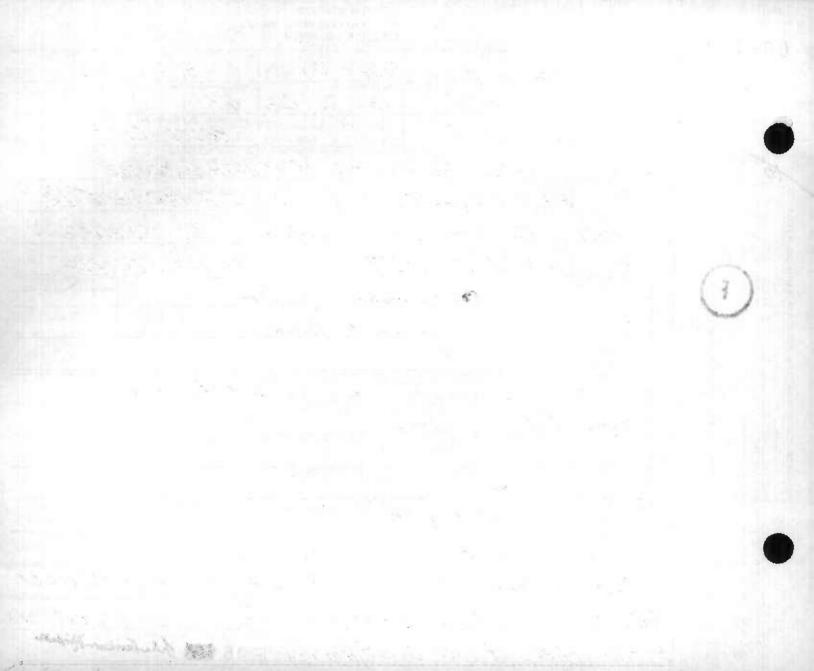
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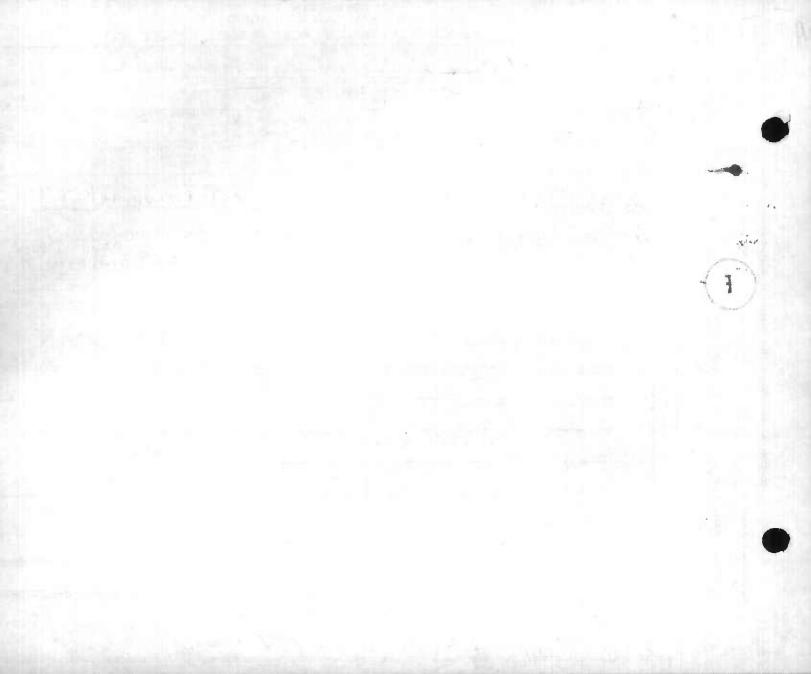
23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

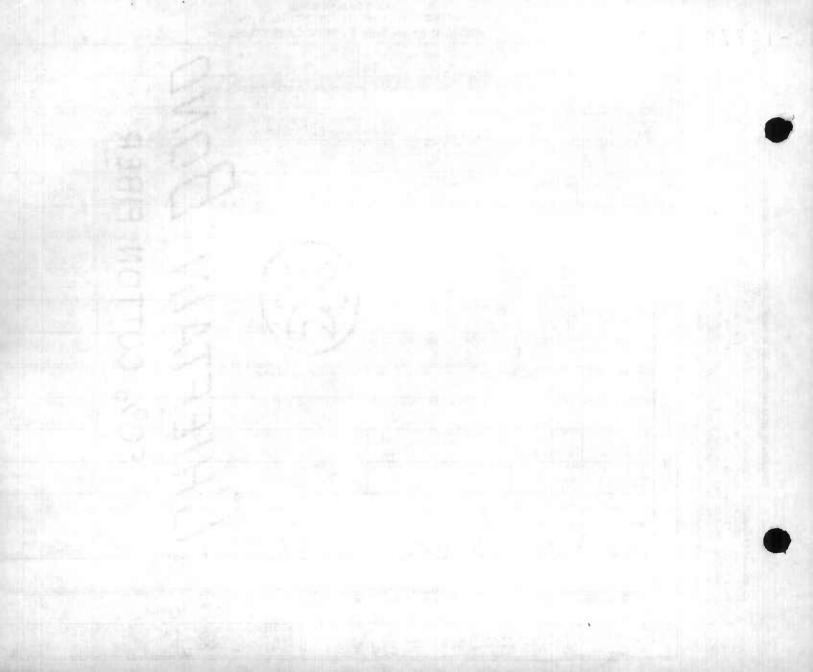
24 FUNERAL DIRECTOR



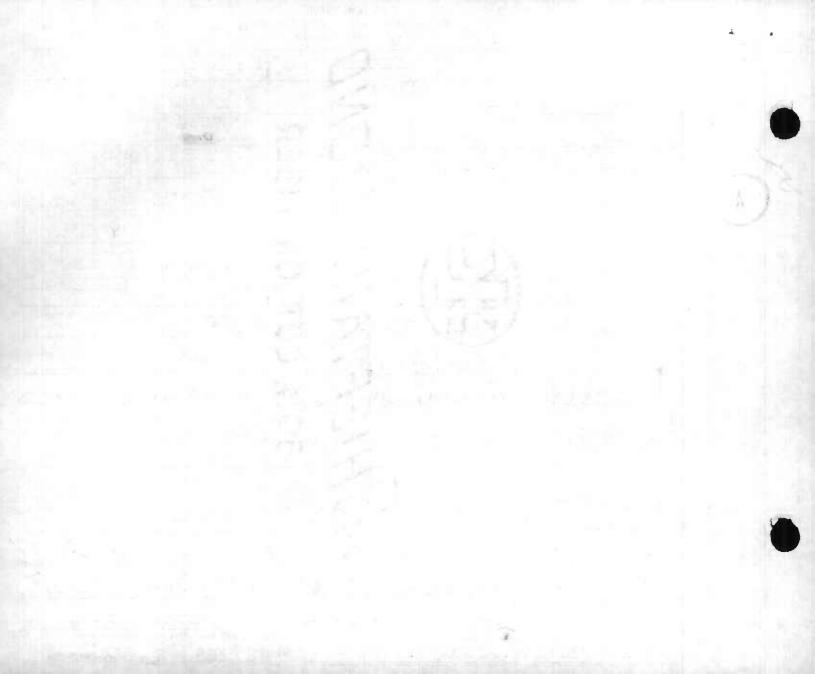
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5	(SE SE)		18 CAUSE OF DEATH (Enter online PART I DEATH WAS CAUSED	PV								APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
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	\$ \$ \$ \$ \$ \$ \$ \$	18	22a I certify that I took charge	of the remains des	cribed abo	ve, held an	Autops	y XX Inspectio	an . Inc	juiry ,	and in my opini	on	
-	ME HE HE		death resulted from: Nature	al causes	Acident	L. Suid	ide	, Hamicide .	Undetermine	ed monner	١.		
	W. ESC.		ACTUAL / DODOGO	1 WA	ni d	1 WI	11)	THIE (SPECIFY)			DATE	0.2.04	
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	DXZDAZ	23o.B	URIAL, CREMATION REMOVAL 23	b DATE	236.1	-		RCREMATORY	23d LOCATION	ON	COUNTY	57.1	ATE
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1-14776 PATSY DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEADH REG. 1-507 MEDICAL EXAMINER'S CERTIFICATE OF DEADH REG. 1-14776 PATSY DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEADH REG. 1-14776 PATSY PATSY V. SHAW	
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 72 HOUR
VI (21)	8-5-86 19 M
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IN WAS DECEASED EVER IN ILS ARMED EXCESS LIVE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Thrower
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AT WORK AT WORK	
226 Certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	and in my apinion
death resulted from Natural causes X, Accident , Suicide , Homicide , Undetermined manner ,	
ACTUAL ACTUAL TITLE (SPECIFY)	DATE 0-7-06
SIGNATURE MAD ASSISTANT MEDICAL EXAMINER	DATE SIGNED 8-7-86
EXAMINER'S NAME (TYPE OR PRINT) Margarita A Korell M.D. ADDRESS 111 Penn Street	
230 RURIAL CREMATION REMOVAL 23h DATE 132, NAME OF CEMETERY OR CREMATORY 1331 LOCATION	
SPECIFY CHICAGO CENTER OF	county STATE Md.
25M 24 FUNERAL DIPECTOR	
Wm. Wmarch F/H Inc. 1101 East North Avenue	



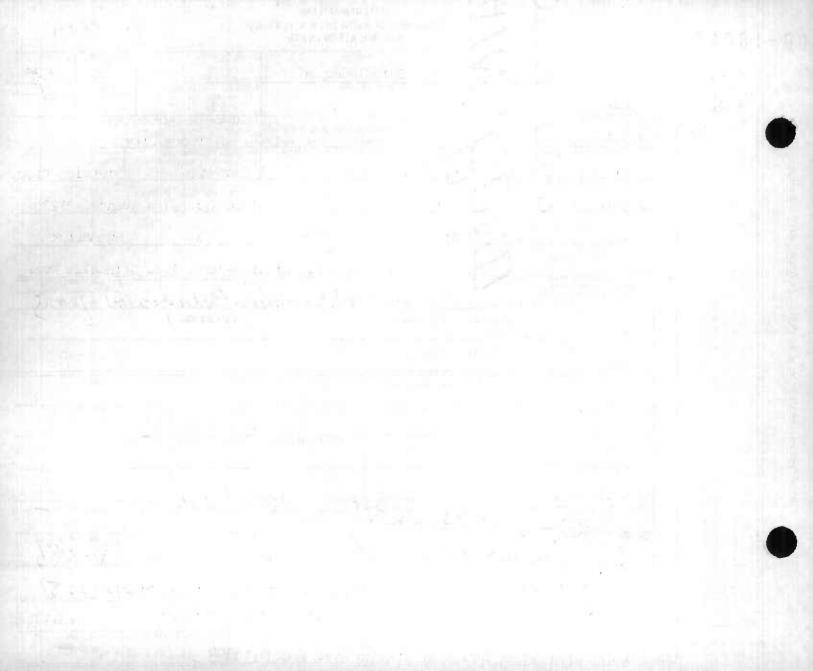
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U - 1	0 J /		ECE ASED NAME PE OR PRINT)	SAMUEL		MIDDLE		FREN		Sat Aug 2		AY YEAR	8.15 ^A M
	ge 4 moy ector, po	3 SI	MALE	4	RACE WHIT	Е	S. DATE C	25,1910 YE		AGE (IN YEARS LAST	BIRTHDAY) YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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ANDQUE	A	130	MARYLAND	13b COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	'N	13d. INSIDE CITY LIM YES X NO [□ þ ⁴	STREET ADDRESS	S / ZIP CODE	APT. B	#21209
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	ro Hospital OR etoined by the hard Event of Four Event Directors should be detoched with the State Der IMPORTANT: If he		72d PHYSICIAN'S NA	ME LIYPE ÖR P	Mey	perou	DIX	ATTEND PHYSIC 224 ADDRESS	DA.	MEDICAL ST DIRECTOR PHYS	SICIAN [221. DATES	3-81
		23a.	BURIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMA		23d LOCATION CITY OR TOWN	PDEW D	ALTO. M	STATE
100	BP	24 1	BURIAL UNERAL DIRECTOR	SOI.	-	4,1986 SON & BRO				POMOOR HE			
	OHMH - 16 60M 7/B4 (VRA 15, 4)		OIO REISTE			ADDRESS	-	1215	AUG			Helson-Uta	



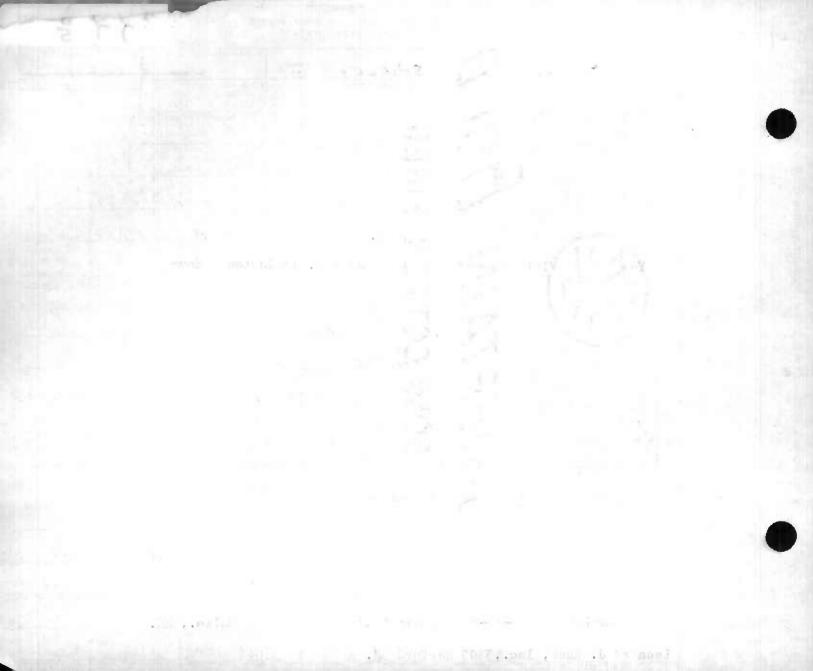
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 00-17006 REGISTRAR REG. NO 1.651 DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) SHIFLETT GERTRUDE AUGUST IN YEARS LAST BIRTHDAY) 1986 3. SEX 1 RACE DATE OF BIRTH MONTH 1897 14 White 10 Female 88 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Virginia USA Baltimore City WIDOWEDKK DIVORCED | B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17a USUAL OCCUPATION 12b. KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Church Hospital Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 3a. STATE 13e.STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Baltimore Dundalk Maryland YES [NOXX 103 Patapsco Ave. 21222 IN FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST not known Shiflett not known ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT 214-24-4314 Mrs. Dorothy Couch Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEFT HEMOTHORAX (POST THORACO DUE TO, OR AS A CONSEQUENCE OF (b) THROMBOCYTOPENTA Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ACUTE RENAL FAILURE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOT YES [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from \overline{AUGUST} 4 19_86 to AUGUST 10, 19 86, that (It (we) last sow the deceased alive on AII(IIS'! 30 abave, (I) (we) (did) (did not) view the bady after deoth. 19-36, and that in (my) (our) opinion death accurred on the date and have and from the couses stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN L 77d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS CHURCH HOME HUSPITAL CORP. A.J. HELOU, M.D. BROALWAY 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OF TOWN (SPECIFY) Burial Hill Cemetery Boonesville Viginia 24 FUNERAL DIRECTOR Duda-Ruck, 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Inc . DHMH - 16 60M 7/84 7922 Wise Ave. Baltimore, Maryland (VRA 15, 4)

-16049	1.	FOR STATE REGISTRAR			DEPAI		EALTH AND ICATE OF I	MENTAL HYG DEATH	IENE (5 REG.	2 2	2//	٩
		CEASED NAME	FIRST		MIDDLE	1	AST		2a. DATE	OF DEATH	MONTH	OAY YEAR	26 HOUR
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41 7/	I. SE	X		4 RACE		5. DATE C			6. AGE	(IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	
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E	1	Maryland_			Baltimo		YES 🔀					Avenue,	21230
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To J		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	ECURITY NO.	17. INFORMA	ANT		ADD	RESS	JE DE	
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STATE OF MARYLAND



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ote /sici		18 CAUSE OF DEATH (Enter of	only one couse per line for it	o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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of o		sow the deceased alive a	en	19 A C	and that in (my) (our) op	inion death occurred on the do	ate and hour and from the causes stated
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(VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

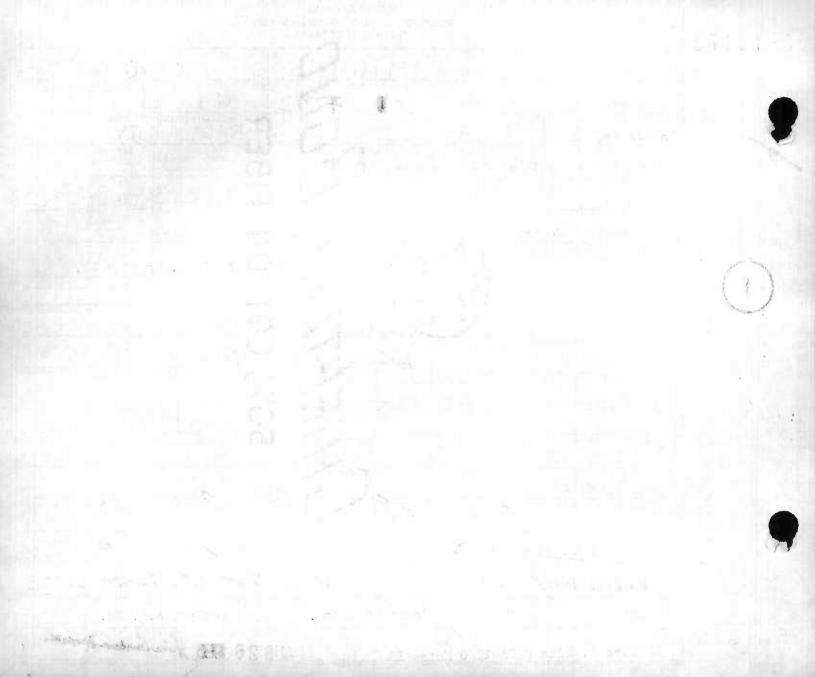
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STATE OF MARYLAND

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STATE OF MARYLAND

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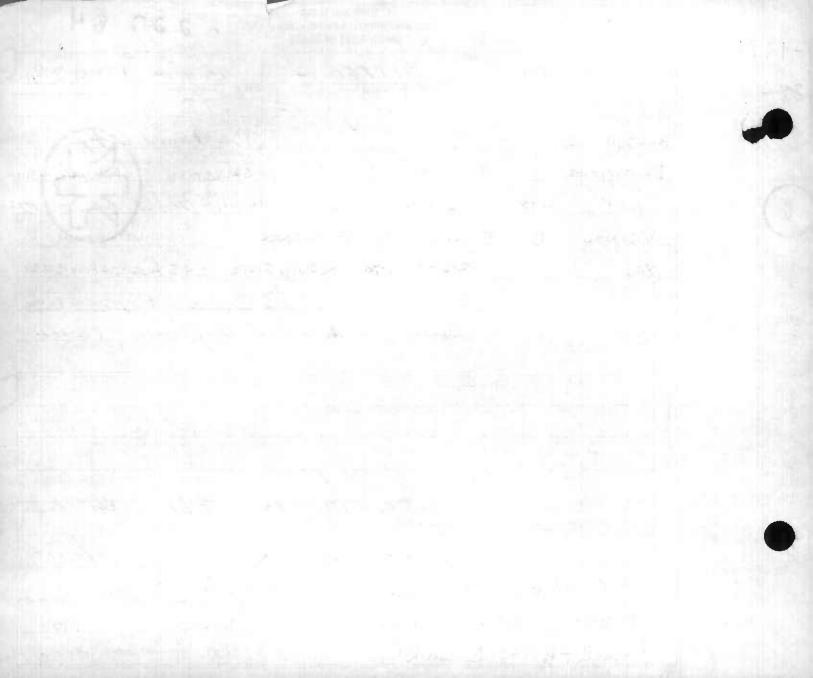
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH I DECEASED NAME 2b HOUR TYPE OR PRINTS 86 Marth A RACE 3. SEX A AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IE LINDER TEMPS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [h KIND OF Retai 136 COUNTY 13e STREET ADDRESS / ZIP CODE 1106 Farette 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Rnnie ones IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) - 1106 W. Fage He ST. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line later), (b), and ic
PART I. DEATH WAS CAUSED BY. OF PANKREAS HEAH) IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 4-23-86 EXPLOCATORY · LAPAROTUMY NOP YES NO T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ? 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from AUG. 19 size the disceased alive an chart wiew the bady after death and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 8-20 86 should be deto with the State (PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS BALTO, MD 21237 WISE AVE., 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY BP 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATI DHMH - 16 60M 7/B4 A. MORTON LJONS 1701 (VRA 15, 4)

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uires that the death cert signed by the attending ten ten please remove carbon to bunol, cremation, or rer jury, or ather troumatic ev	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA	DUE TO, OR	AS A CONSEOU	egour DENCE OF	A Multip	a Mexico	ITION GIVEN IN PA	? weeke,
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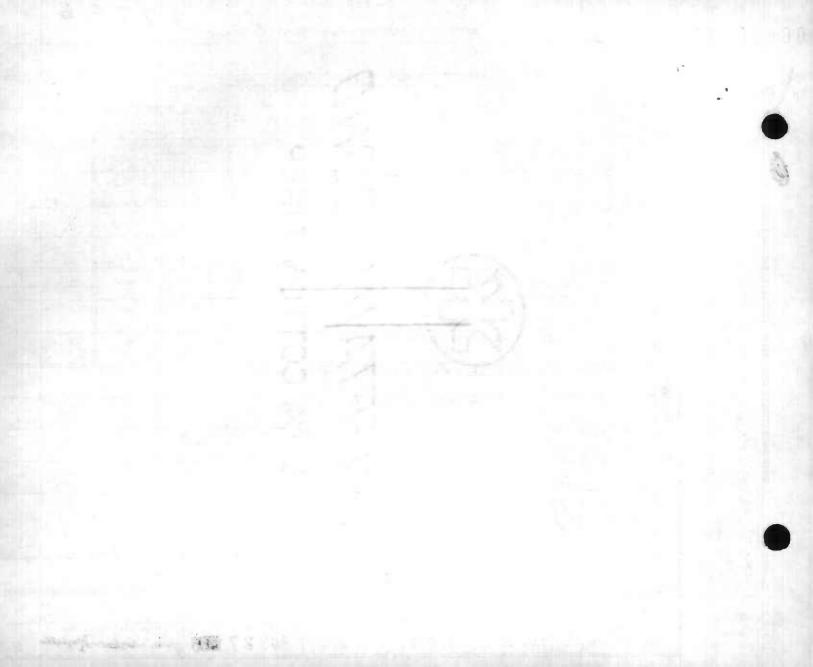
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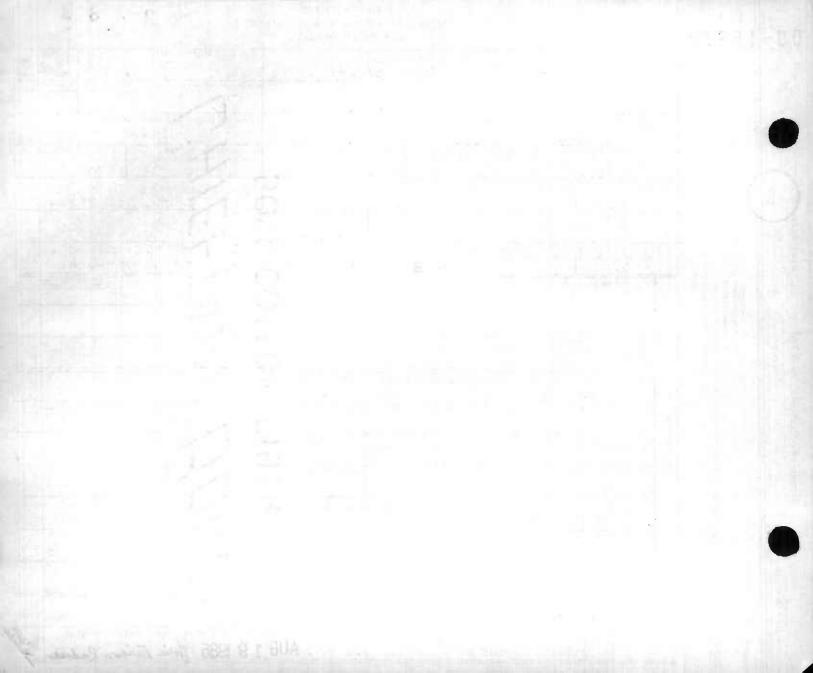
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7 3000mm	D SE	14. RAC	WILL	S DATE OF I	BIRTH	16. AGE (1	LATER NYEARS LIF U	Jr. NDER 1 YR. LIF LII	NDER 24 HRS.	2c DATE	8-24-861	9 M YEAR 2d HOUR
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ATE, 1 ORV FE ST TE ST		22a. I certify that	1 too	ge of the rema	ins described	phys reld o	in Auto	psy X , Insp	ection .	Inquiry .	and in my opinion	
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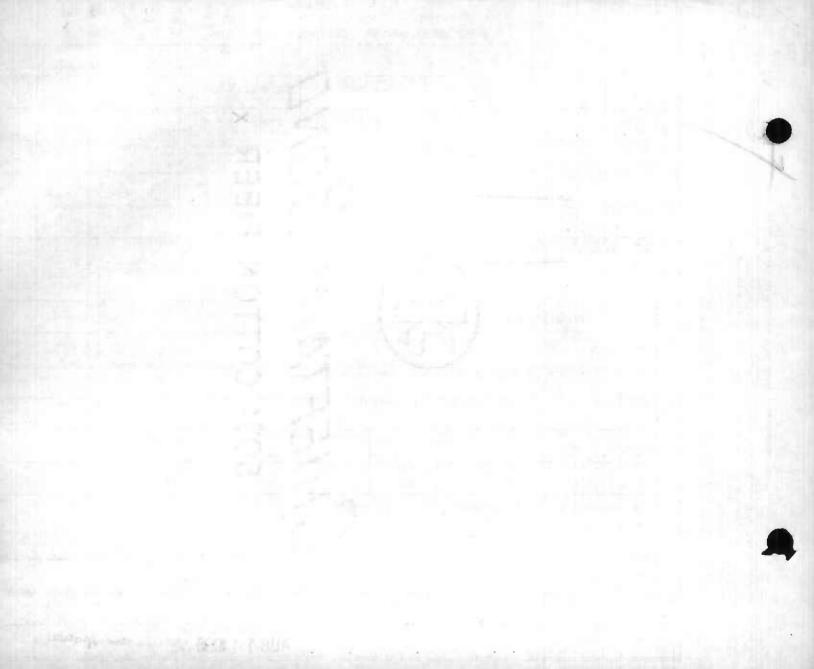
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME FIRST KNOWN X DATE MONTH 75 HOUR (TYPE OR PRINT) ESTI-DEATH MATED Charles Smith 9/19 86 4 RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS DATE DAY LAST SIRTHDAY PRONOUNCED MALE BI.ACK DEAD 02 - 17 - 2363 YRS 19 86 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) BALTO.. Baltimore City, MD. USA WIDOWED | DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Baltimore University Hospital LONGSHOREMAN USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES X NO 1010 W. BALTIMORE STREET MARYLAND 4. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST WILLIAM H. SMITH ESTELLE SUGAR 17. INFORMANT IAN SOCIAL SECURITY NO **ADDRESS** YES, NO, OR UNKNOWN) 219-01-8565 ARLENE COOPER 5741 Jonquil Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO Diabetes Mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NOX 710. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. THE PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY X 220 I certify that I took charge of the remains described above, held an/ Autopsy Inspection Inquiry and in my apinian TO MEDICAL EXAMINE
EXECUTE THE CERTIFIC
PACE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYLAN Natural causes X death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 8/10/86 ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. TYPE OR PRINT) III Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL BALTIMORE! MARYLAND 07/84 AUBURN CEMETERY 25M 24 FUNERAL DIRECTOR **DHMH - 17** BROWN/THOMPSON F.H. 1913 W. BALTO. ST. (VR A1S ME (5))

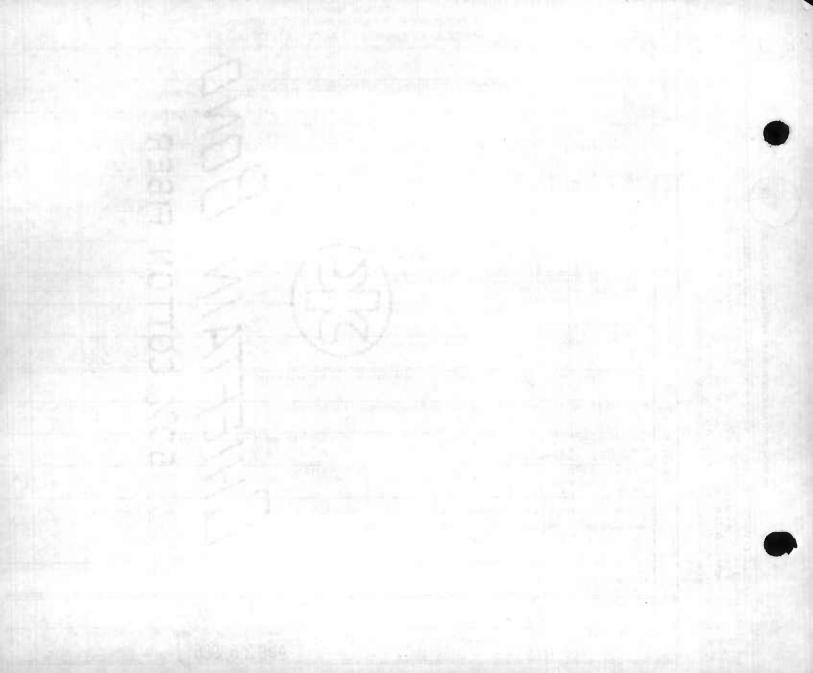


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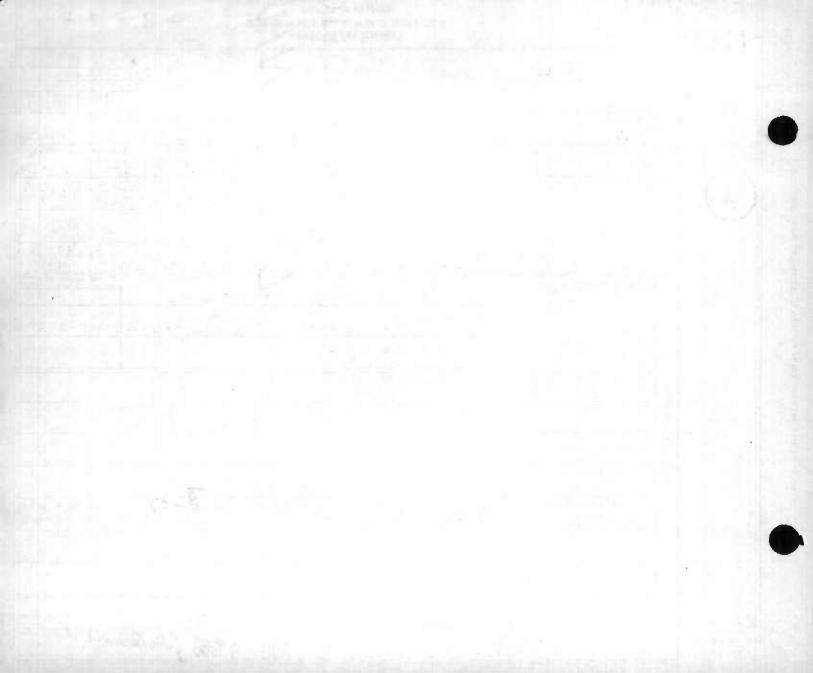
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	ATH THE DELAY IS NECESSARY, PLASE IS 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM. 3. RETAIN PAGE 5 FOR YOUR FILES. ND 2 SHOULD BEFLIED, WITHIN 72 HOURS OUTAL REGARDS, 201 W. PRESTON STREET,		Virgini		U.S.			WIDOW		DIVORC			timo				MD.	
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	1. DECEASED N	IAME FIRST	T water to	MIDDLE	-	AST	20. D	OF ESTI-	HINOM X	DAY YE	AR 25 HOUR			
		Terranc	e F	Rodger		nith		OF ESTI-	□ 8/	19/19	36 M			
	3. 5EX	4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHD.	ARS IF UNI			DATE NOUNCED	MONTH	DAY YE	AR 24 HOUS			
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0	and the second second	timore /		sity Hospit			Tech	nician		Chemi	cal			
d	IN STATE	113b/COL	YTAL	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?								
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	14. FATHER'S N		WIDDLE	LAST		15 MOTHER'S MAID	DEN NAME	MIDDLE		LAST				
Ĺ		1d F. Sm		116b. SOCIAL SECURIT	V NO	Mabel 17. INFORMANT		ADDRES		gers				
2	(YES, NO, OR U	NKNOWN) (IF YES, G	VE WAR OR DATES]	IBB. SOCIAL SECONI		Donald 1	F. Smi			ie as	#13			
	18 CAU	SE OF DEATH (Enter	only one cause per line							APPROXIA BETWEEN O	AATE INTERVAL			
			IATE CAUSE (o)			cal Injuri	Les							
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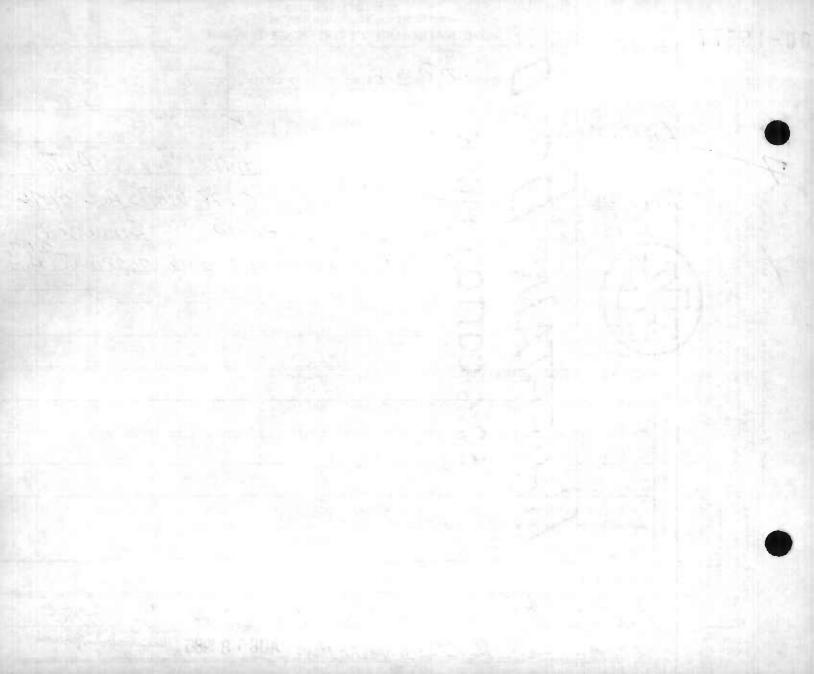
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	AND SECTION TO SECTION	(4)	ES, NO, OR UNKNO	, , , , , , ,	IVE WAR OR		130	CIAL SECURIT						ADDĶE33				
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-	AND A CHA		death resulte		itural caus	TWO.	Accident		iicide [, Homie			mined mor	[, , ,			
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	A DE SEE		(TYPE OR PRIN	JI) W	illia	ifa M. Z	lane,	M.D.		ADDRESS_	111 Pe	_		salto.	MD.			
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PYAFTER DEATH, WITH THE STYLENORE, MARYLAND, 2'	23a.Bl	JRIAL, CREMAT	ION, REMOVAL	23b. DA1	TE	23c 1	NAME OF CE	METERY	OR CREMATO	YSC	23d. LOC	ATION		COUNT	TY	STA	TE
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23/4	DHMH - 17		NAME	TOR Duda-		AUDKE 55			-	222		EC'D. BY R	REGISTRAR	1				
	(VR A15 ME (5))	79	22 Wise	Avenue	2	Dundal	k, Ma	ryland	21	222	SEP	2 1	BOD ,	y what is	widow	- Eloss	(Adjusted	- 01

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO 7h HOUR (TYPE OR PRINT) OF ESTI-P. John Jr. Snider 21 1986 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 11:07 Male White 46 DEAD 9 1986 DM MARRIED NEVER MARRIED XXX 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY) U.S.A. Maryland Baltimore City WIDOWED -DIVORCED D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUATIVI jed Welder Contractors Baltimore Francis Scott Kev Medical Center SUAL RESIDENCE (IF IN NUR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 138. INSIDE (ITY LIMITS? 138. STREET ADDRESS
YES NO KK 3830 McDowell Lane laltimore Maryland 21227 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE F. MIDDLE Snider Sr. Mary John Kennedy ADDRESS Md 21207 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN)
Yes YES, GIVE WAR OR DATES) 219-42-0578 Mary Snider 5944 St Marys Street Balto Viet Nam 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thermal injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINED. THIS CERTIFICATE SHOULD EXECUTE THE CRIST PAGE 4 SHOULD BE FOWARDED TO THE CHIEF TO PUBLICATE SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HIBBATTMORE, WARVARD, 21201 PRIOR TO BURIAL. YES [] NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR CONTRIBUTING CAUSE OF DEATH 7:56 8 5 1986 Welding kerosene tank that exploded TIE PLACE OF INJURY CATHOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK work site 3510 Old Hawkins Pt Rd., Balto. City, MD 12a I certify that Mok charge of the remains described above, held or Inquiry and in my opinion Homicide Undetermined manner TITLE ISPEC® () DATE 8/22/86 Assistant MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 8/25/86 Garrison Forest Vets Cem Owings Mills Balto Md 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 George J. Gonce 4001 Ritchie Hgwy Balto Md Fisha Daviden (VR A15 ME (5))

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		1		STATE OF MARYLAND	0 0
		11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2	7 7
0.0 - 1	5577	150	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
0.0	0011		CEASED NAME (MST.	MIGDLE LAST ZO. DATE KNOWN X MONTH	DAY YEAR 125 HOUR
	W	(19	E OR PRINCE!	OF FSTI. —	
	2000年日	-	DANA		13 19 86 M
	EDE 55	1. SE	MACE S. DATE OF BIR	TH 6. AGE (INTERNAL IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH AY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 2d HOUR
A.	FESSES 1	m	p/P (10/ +12-2)	3-66 20 YRS. DEAD 8	13 19 86 10 A M
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_	2500	W	tilo me	widowed Divorced Distinore City	MD.
-	お本体品	9 18.0	TY OF TOWN OF DEATH	HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 ISUAL OCCUPATION (TYPE OF WORK IN FACILITY, GIVE STREET ADDRESS)	26 KIND OF BUSINESS
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7-	AL NOW	/ USU	LESTULPICE IF IN HURSING HOME OF OTHER INSTITUTION		77070
1	295585 V	45	TATE 136, COUNTY	N. GIVE RESIDENCE BEFORE ADMISSION DUEL 3d. INSIDE CITY LIMITS? 13e STREET ADDRESS	00011
0 9	TANTE -	VI	rulland VIII	YES NO 1628 WAIS AN	10 21016
0 3	TANA	119.	THEE NAME I MEGIL	15. MOTHER'S MAIDEN NAME	LAST
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9	00000		VAS DECEASED EVER IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	21001
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3	A PAGE	-	780	\$13-14 0014 11/1 Ames 2 nowen 1628	WAIIS HUB
3	503-0	100	18. CAUSE OF DEATH (Enter only one cause per		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	SESSE I		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Multiple injuries with complications	
ō	SEGRES	17	DUE TO.	OR AS A CONSEQUENCE OF	
2	ZZ ZZ Z	10	Conditions, if any, which		
- 5	自己型名を選	10	gave rise to immediate (b)		
*	NAME OF THE PERSON NAME OF THE P	1	lying cause last. DUE TO,	OR AS A CONSEQUENCE OF	THE LINE
28	BE EXECUTE PUBLISHED IN A SA BURIAL AND MAITH		1919 (101)		
8	BPASSE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OF	ATH BUI NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO	
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0	BY AN AND	- 8	19s DATE OF OPERATION 19s CON		
3	HEF LEED	115	IVE DATE OF OPERATION	NDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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DIVISION OF VITAL	CERTIFICATE SHOUTH OF THE CHEE E 3 SHOULD BE USE E DEPARTMENT OF THE CHEE CHEE E 1 SHOULD BE USE TO BURRANT OF THE CHEE THE	CERTIFICATION	THE EXTERNAL CAUSE WAS 216. TIME	OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART AND MONTH DAY YEAR	(2)
2	S#5555		UNDERLYING MOR SON BUTTON 3: 43	P.M. 8-3- 1986 Operator of motorcycle/auto colli	aion
9	FP-TAP-	DICAL		CE OF INJURY (ATHOME 211 LOCATION	STOII.
N N	BESS SE	A	WHILE IN NOT WHILE AN STREET,	FACTORY, FARM, ETC.) STREET CITY OR TOWN COUL	NTY STATE
0	切些珠色色彩	5	WHILE AT WORK AT WORK TO	oad Ridge & Severn Rds., Harmon, Anne	Arundel, MD
	PANA STA	1		described aboye, held on Autopsy X. Inspection . Inquiry . and in my opi	
	東足区皇王名	-	22a. I certify that I taok charge of the remains		nion
-	ME SOLE	A	death resulted from: Natural causes	Academ X, Suicide , Homicide Undetermined monner .	
	AKAMAKA AKAMA			AL MITTLE (SPECIFY)	
	A COURT		SIGNATURE / / M	M.D. Assistant MEDICAL EXAMINER SIGNED	8-14-86
	SESSEE SE	1	SAUTATURE	MEDICAL EXAMINER SIGNEL)
	95 T NO X	1	EXAMINER'S NAME Charles P.	Kokes, M.D. 111 Penn St., Balto., MD	21201
	SAR ELE		(TTPE OR PRINT)	ADDRESS	
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR, P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	JRIAN, CREMATION, REMOVAL 236 DATE	236. NAME OF CEMEJERY OR CREMATORY 238. LOCATION COUNT	A STATE
07/84	BP	1	BURID! 8-19-8	& SAINTSKEST CEM H.A. CA.	mo-
25M		24. F	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SH	GNATURE
	DHMH - 17 (VR A15 ME (5))		NAME OF A SA I Was TE	222 W. North Ave AUG 18 1986 Juna Davidoo	n-Mandelle
	(AK WID ME (2))	1	oseph L. Kuss to	orda willow not a soo of	



WILLIAM REESE & SONS MORTUARY, P.A.

DHMH - 16 60M 7/B4

(VRA 15, 4)

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FOR + STATE REGISTRAR

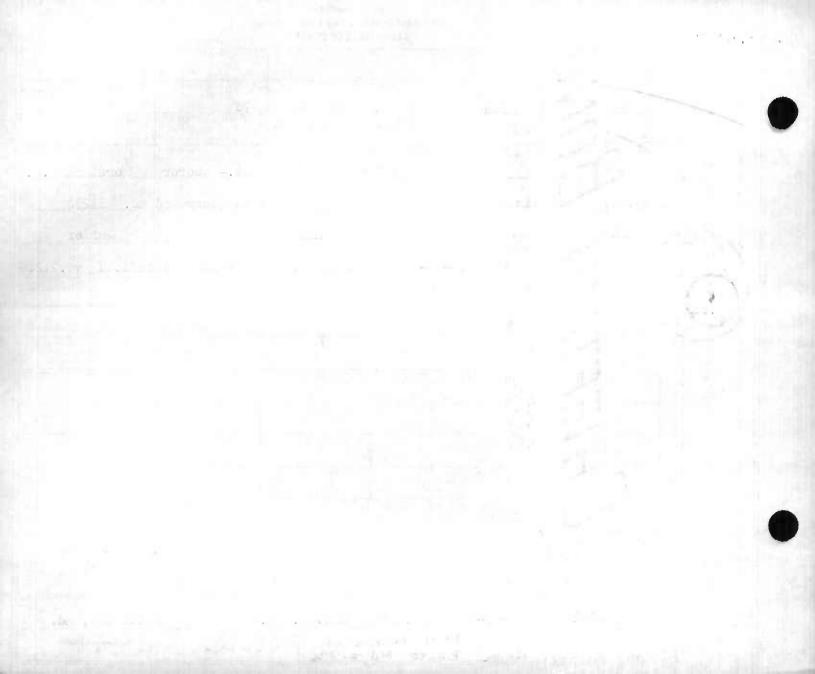
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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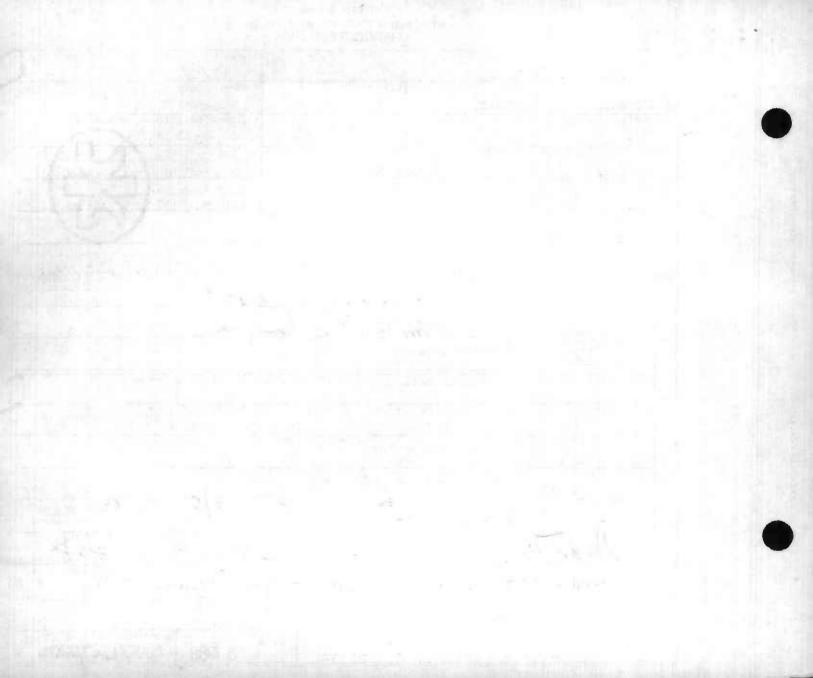
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	ECEASED NAME PROTECTION	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOU	IR A
	William			SONN	August 26	. 1986		70:	55 M
3. 5	EX.	RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UN	DER TYEAR	IF UNDER	24 HRS MIN.
+	Male	White	MONTH		76	YRS	DAIS	HOURS	MIN.
to	BINTHPLACE ISTANDARDEDA 71	CITIZEN OF WHAT	COUNTRY? 8.2		9 BALTIMORE CITY O		DEATH		40.00
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1	N-14/		Y, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST O		DUSTRY	7 2	e unio
and the	Baltimore UAL PESIDENCE OF NUMBERS HOME OR O		and General	Hospital	RetLabor	er M	orela	ind M	leP.
134	STATE 136 COUNT	Y 13c. CI	TY OR TOWN	13d, INSIDE CITY LIMITS?	13e STREET ADDRESS		0.0		
_	Maryland Balt	imore		YES NO X	1912 Cleary	rood Rd.	212	234	
47	F#17 (40	nou	LAST	FIRST	WE		LAS		
1	John		onn	Annie			Reid	ler	
160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SC	DCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS			
1	No	21	8-03-6395A	Vernon M. Sc	cherer 5602	Plainfi	eld A	ve.2	21206
	18 CAUSE OF DEATH (Enter only	ane cause per line fai	r (a), (b), and (c)				APPROXI	MATE INTER	VAL
N	PART I. DEATH WAS CAUSED IMMEDIATE		epticemia						
1	IMMEDIATE								
1	Condition William States		CONSEQUENCE OF						
1.	Conditions, if any, which gave rise to immediate	(b) P1	neumonia		100				
	underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF						
1		tel							
12	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 110		
CERTIFICATION			enal failur						
ğ	19s DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	OF DEAT	H2
₫ ै					YES NO	YES [CHOOLO	NO [
8	THE ACCIDENT WAS CHOKECING.	21b. TIME OF INJU HOUR A.M. M		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)		
13	OR CONTRIBUTING CAUSE OF DEATH	P.M.	ONTH DAY YEAR						
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJ	URY	211 LOCATION					
1 2	AT WORLD AT WORLD	(AT HOME STREET, FACT	TORY, OFFICE, FARM ETC.)	STREET	CITY OR TO	WN	COUNTY	5	TATE
	22a. L certify that (**) (this haspita	l) attended the decor	Angus	± 18 19 86	to Augus	t 26 19 8	26	1	
	saw the deceased alive an	Angust	26 19 86 an	d that in (n#) (aur) apinian c		, . ,		that X (v	
	saw the deceased alive an abave, (Me(we) (did) (decease)	view the bady after d			deam occorred an me oc				red
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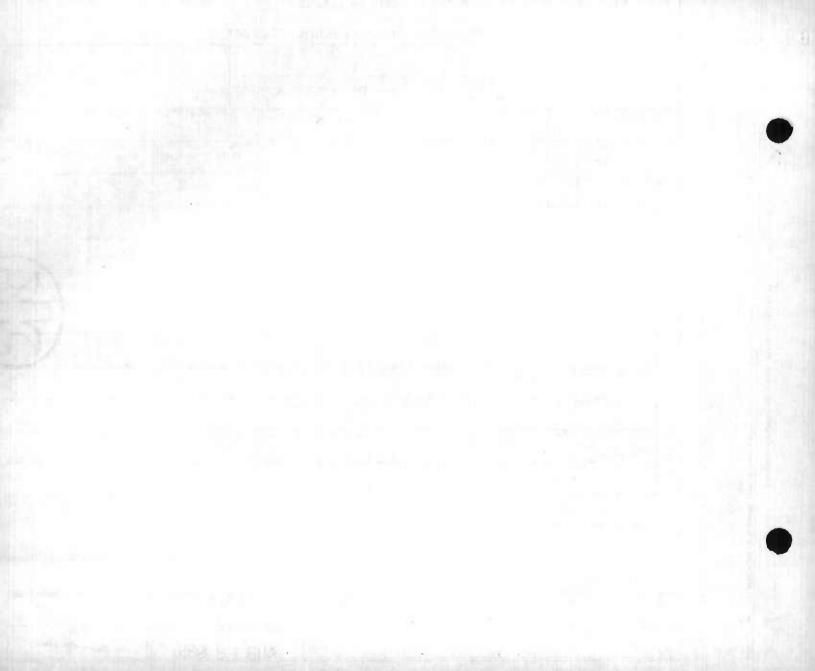


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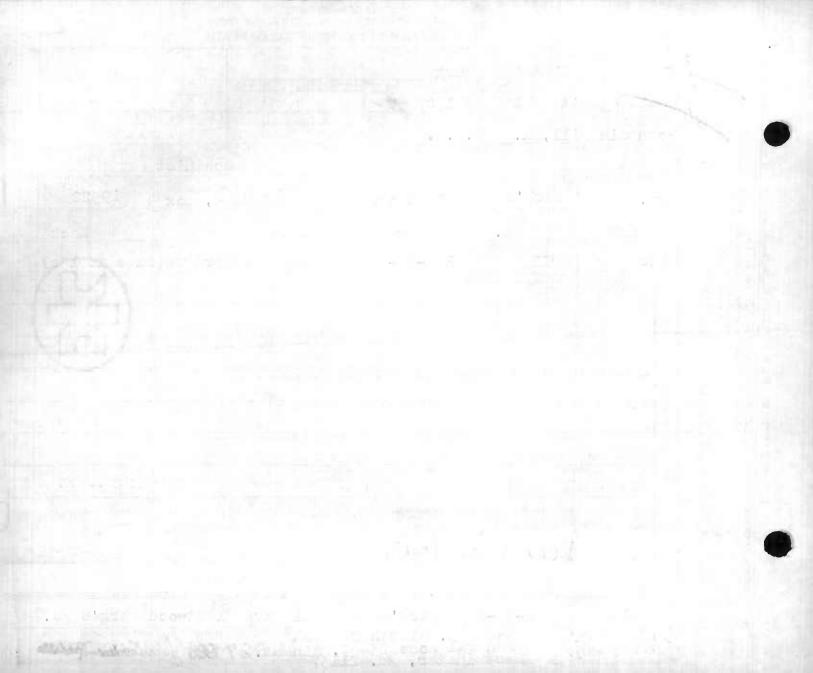
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO L DECEASED NAME KNOWN X 20 DATE YEAR 26 HOUR (TYPE OR PRINT) OF ESTI-Speller DEATH MATED /19 86 James 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 6:29 DATE LAST BIRTHDAY PRONOUNCED 49 BI.ACK 05 - 01 - 37DEAD 12/19 86 A TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NORTH CAROLINA USA Baltimore City DIVORCED AGES 1, 2, AND 3 TO THE TO PRIVE PARTY PAGE 1, 1 AND 2 SHOULD BE FITTE VOE VIJAL RECORDS, 2 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 2220 E. Lanvale St. GROUNDSKEEPER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO E. LANVALE STREET BALTIMORE MARYLAND BALTIMORE, MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRS! LAST JAMES SPELLER SR MARY DURS AFTER DE 18. GIVE PAGE WITH FORM IT. PAGES I AN FRANK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) A BURAL TRANSIT PERMIT PAGE
A BURAL TRANSIT PERMIT PAGE
A MATION, OR REMOVAL. CECELIA SPELLER 2220 E. 243-56-6757 LANVALE UNKNOWN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF REMATION, lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A HEALTH CERTIFICATION BE USED AS A ENT OF HEALTH BURIAL, CREA 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL CERTIFICATE SHOURITING THE WORD " YES X NO C E FORWARDED TO THE CHAINE PAGE 3 SHOULD BE LITHE STATE DEPARTMENT CAND, 21201 PRIOR TO BUR 210. EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT MY STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STYLMORE, MARYLAND, 2'S BALTIMORE, MARYLAND, 2' X 220 I certify that I taak charge of the remains described above, held on Inspection and in my opinion death resulted fram: Natural causes Accident Hamicide ___ Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 8/12/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St (TYPE OR PRINT) ADDRESS_ 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATOR' 08-16-86 BALTIMORE. BURIAL AUBURN CEMETERY MARYLAND 07/84 BP. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 A. E. Sundon Mandalle (VR A15 ME (5)) BROWN/THOMPSON F.H. 1913 W. BALTIMORE ST.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECLASED NAME 20. DATE KNOWN MONTH CHIPLOS DE PRINTS ESTI-DEATH MATED BERNARR SPRAGUE Mark 4 RACE DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c DATE MONTH LAST BIRTHDAY) PRONOUNCED 8-24-8610 5:30P 1.0 1927 58 YRS DEAD White BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Fountain Hill. Pa. U.S.A. Baltimore City WIDOWED T DIVORCED CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Machinist Johns Hopkins Hospital Baltimore UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Berk's Pa. Fleetwood NOX Box 4 YES [14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mark Sprague Keck Anna 166. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 163-20-7930 Betty Lee Sprague(same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, L. CREMATION, OR REMOVAL Chest injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Qasn 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E, WRITING THE WORK RWARDED TO THE CHIEF IP PAGE 3 SHOULD BE USE ESTATE DEPARTMENT OF YES T NO T 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR Z OR CONTRIBUTING CAUSE OF DEATH 1:01PM 8-24-869 driver of an auto/auto impact ZIE PLACE OF INJURY (AT HOME 71f. LOCATION STREET, FACTORY, FARM, ETC. Rt. 31&W. Main St. CHY OR TO Carroll COUNTY Md. NOT WHILE AT WORK X 22a I certify that I toak charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinian Accident X Suicide Homicide L deoth resulted from Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 8-25-86 Assistant MEDICAL EXAMINER SIGNATURE. Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME EXECUT PAGE A TO FUR AFTER D (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 8-28-86 Berk's Memorial Park Fleetwood Berk's Son DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 74. EUNISSAL DIRECTOR Home (VR A15 ME (5))



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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Catherine A. Spuck Space	REGISTRAK		CERTIFICATE OF DEATH	REG. NO.	
Catherine A. Spuck Algust 6, 1986 Pemale Catherine Catherine		MIDDLE	LAST	2a. DATE OF DEATH MONTH D	DAY YEAR 26 HOUR
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John A. Smith Mary C. Reilly Was Deceased ever in U.S. Armed Forces? Was Deceased ever in U.S. Armed Forces? Was Deceased ever in U.S. Armed Forces? If Yes Give was or Oates! If	Maryland 13b COU	INTY I3L. CITY OR TOW	re 13d INSIDE CITY LIMITS?	6031 Old Harfor	d Rd. 21214
A. Smith Mary C. Reilly WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO 212-28-3170 William C. Spuck Same as #13e 18 CAUSE OF DEATH Enter only one couse per line for 101, 10, and 10: PART I DEATH WAS CAUSED BY: WMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse jost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 180 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 710, ACCIDENT WAS UNDERLYING 7110, ACCIDENT WAS UNDERLYING 7120,		MIDDLE LAST			TAST
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					altimore, Md.
Burial 236 Date 236 NAME OF CEMETERY OR CREMATION 236 LOCATION Baltimore, Maryland	(SPECIFY Burial				Maryland STATE

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MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

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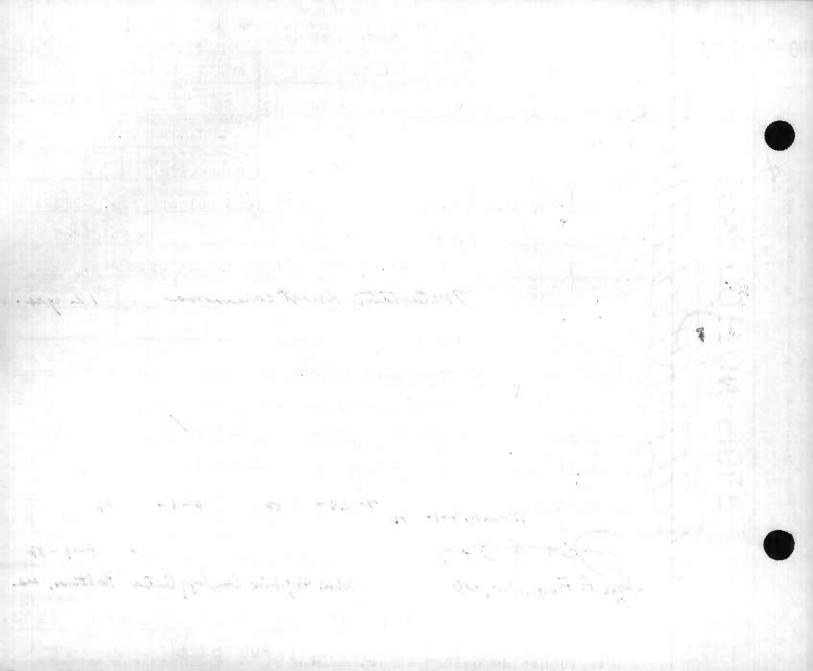
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nay be page 3	3 SE		4. RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
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neral dra	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	76. CITIZEN OF WHAT COU USA	NITDV2 R	D & NEVER MARRIED	9 BALTIMORE CITY OR COUNT	CITY	MD.
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0/-/-	/3 16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDRESS	00101	
BALTIMORE: cote be execu- sician and c pers. Pages al.	4	(YES, NO OR UNKNOWN) [IF YES, GIV	Z35-	-40-479	Max Staff	er 415 Delwar		
es that the death certificate be by the attending physic person and a company of the certificate person and the certificate between the first principal certification.)	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c)	TESTALE NSEQUENCE OF	i brust c		12	RIMATE INTERVAL ONSET AND DEATH 2. YA4.
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ATTENDIN spital ar CTOR: Aff far use a af Health	38	220 I certify that (I) (this hasp saw the deceased alive an above (I) (we) (did) (did no	6.00am m F-1	-19 86 a		, to and the date and he	ur and from the	, that (1) (we) last e causes stated
TAL OR A y the has RAL DIREC detached fore Dept.	R	27h SGNATURE	000		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		-1-80
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State	/	Jose F. Fren	mder, MD		Johns Hopke	ins Oncology anter	, Balt	ins, Hh
	230.	BURIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITYOR TOWN THE TYBROOKLYN A	nno Aru	5Marit of
BP		Burial	8/4/86	Cedar		TE REC'D. BY REGISTRAR 25b. REGIS		
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	=	ConnellyFuner	alHome 300	MadeAve	1444			



STATE OF MARYLAND

6 DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL H		REG. NO.	2 3	0			
	CEASED NAME FIRS	ī	MIDDLE	ı	AST	2a. DATE OF DE		DAY YEAR	2b HOUR			
(TYPE	OR PRINT) MACK	D		STA	INBACK		8 29 86 3:00					
3. SE	X	4 RACE		S. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS			
	Male	B1	ack	MONTH 10		73	YRS	MONTHS DAYS	HOURS MIN.			
	RTHPLACE (STATE OR FOREIG	N 76 CITIZEN OF	WHAT COUNTRY	? B	D NEVER MARRIED	9 BALTIMORE						
	irginia	U.	S.A.	WIDOWE		BALTI	MORE CIT	Υ,	Υ, ΜD.			
В	ALTIMORE	VAMC B	HOSPITAL, NURS CHEACHITY, GIVE STRE ALTIMORE	, MARY	LIFE) INDUSTRY	126 KIND OF BUSINESS OR INDUSTRY Domestic						
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14. F.A	Walter J. S	tainback	LAST		Julie		HODLE	leffersor				
	VAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SEC	CURITY NO.	17 INFORMANT		ADDRESS					
(YES NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES)	056 24	3574	Iola Grimstead 1243 Winston Avenue							
	Conditions, if any, whi gove rise to immedio cause (a), stating the underlying cause la	th (b)	R AS A CONSEQ	hon	a of the	/ / (n	25					
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	22a.1 certify that (# (this saw the deceased all above, (*) (we) (did) (c) 22b SIGNATURE	ve on Augus	T 29 19	86,00	d that in (my) (our) apinion		gus7 29					
	THE PHYSICIAN'S NAME	Lewart	Kar	y n	ATTENDING PHYSICIAN		STAFF PHYSICIAN [ZZE DATE	SIGNED			
C	Steva	wt K	and 11	41)	TTG ADDRESS							
23a E	BURIAL CREMATION, REMO	DVAL DATE 9/4/			emetery or cremator in Forest VA	CITY OR T		COUNTY	Md.			

DHMH - 16 60M 7/84 (VRA 15, 4)

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MPORTANT: If Ihem 21 is

24 FUNERAL DIRECTOR

March Funeral Homes 1101 East North Avenue

9/4/86

Owings Mills, Garrison Forest VA 25a. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md.

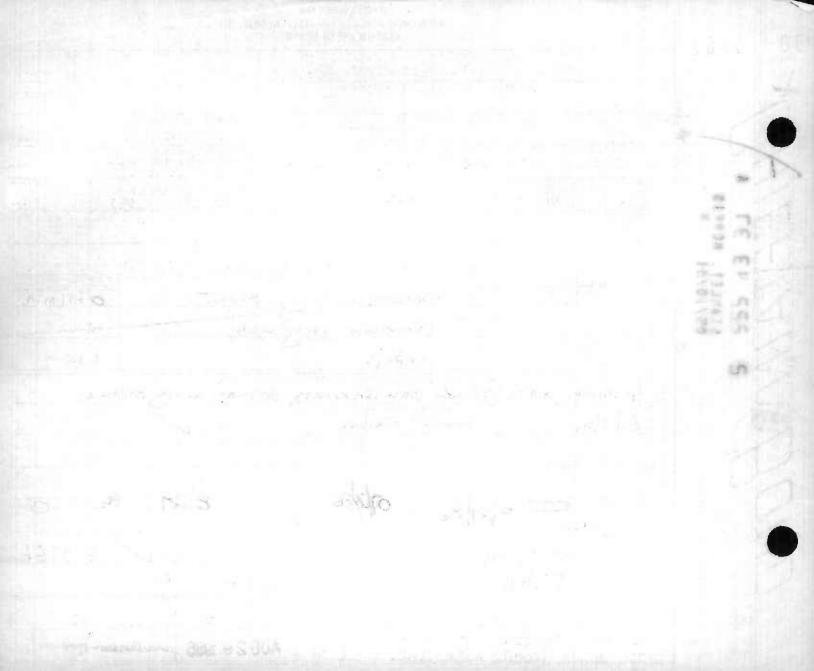
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR 1 - STATE REGISTRAR 20 DATE KNOWN . DECEASED NAME MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED CAROLYN 4 RACE STAMBAUGH SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED white Female DEAD 20 1965 Oct 8-30-86 19 3:20F TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City U.S.A. DIVORCED Penna CITY OR TOWN OF DEATH IN HAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY of in such facility give street address! UniversityHospital STU Baltimore Student Collage SUAL RESIDENCE (IF IN N. III DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION York T3d. INSIDE CITY LIMITS? 13e STREET ADDRESS Penna NO X Thomasville YES . Box L'EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Stambaugh Bucher Raymond Louis Ann 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 197 40 9835 Raymond S.Stambaugh. Father 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CRRIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORL POGE 4 SHOULD BE FORWARDED TO THE CHAPTER DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF BATTER DEATH, WITH THE STATE DEPARTMENT OF BATTER DEPARTMENT OF BATTER DEPARTMENT OF BATTER DEPARTMENT OF STATE YES W NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH D UNDERLYING DOR pedestrian struck by a vehicle 11:43a CONTRIBUTING CAUSE OF DEATH 211. LOCATION 216 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. hawy (shoulder) I-695 S. of Falls Rd. Baltimore, Maryland WHILE AT WORK Autopsy X 220 I certily that I took charge of the remains described above, held on and in my opinion Natural causes Homicide Undetermined monner TITLE (SPECIFY) SIGNED_8-31-86 MpAssistant EXAMINER'S NAME William M 111 Penn Street (TYPE OR PRINT) Zane. M.D. Paradise Union Burail Sept 86 Thomasville, York, Penna. 24. FUNERAL DIRECTOR **DHMH** . 17 Fred M.Sauter East Berlin, Pa. 17316 (VR A15 ME (5))

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2 2 8 | 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH 26 HOUR L DECEASED NAME TYPE OR PRINT tor, page 3 ofter death Standish Ashlev Paige 86 IF UNDER 1 YEAR IF UNDER 24 HRS S DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) 3. SEX A RACE HOURS. MONTH White 26 1986 27 Female April BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED K Baltimore City Maryland USA DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore University of Maryland Hosp. BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 157 Argy IS COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Argyle Road/21849 Wicomico Parsonsbur YES T 15. MOTHER'S MAIDEN NAME MAFATHER'S NAME Adams Standish Bonnie Gale Tors Argyle Road 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? I JIE YES GIVE WAR OR DATEST Welles Standish Parsonsburg, MD No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiorespiratory Arrest 1/2 hour DUE TO, OR AS A CONSEQUENCE OF Multiorgan System Failure 16 days Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. Multiple Congenital Anomalies 57 days DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) gig Intracranial bleed, partial adrenal infarction 0 prior 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? 190. 64/60/8 FRATION 196. PENEUTSTEON WHITH AFFAUTHWATERFORMED IN CERTIFYING CAUSES OF DEATH? 5/2/86 Repair of Tracheoesophageal Fisteria YES K Mental Hygie 216. TAMODERE OU OCENS HOLD STORY HOLD STORY FOR CONTRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210.40 WE ONDERLYING -HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY 50 COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 4/26 86 6/22 86 220.1 certify that (1) (this hospital) attended the deceased from, 86 saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the bady after deat 22c DATE SIGNED 226. SIGNATURE DEGREE + MEDICAL should be detowith the State [8/7/86 PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT 224. PHYSICIAN'S NAME (THE CHEMIT 22e ADDRESS J. Laurance Hill. M.D. 22 S. Greene Street, Baltimore, MD 21201 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE STATE Burial 6-25-86 Wicomico Mem. Park Salisbury Wicomico 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 25M - warrisper partielling Zeller Funeral Home, Salisbury, MD (VR A 15 (4)) 9/74

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OR been	# #er		77% SIGNATURE	-	1111	,		DEGREE	ATTENDING	MEDICAL	STAFF .	22c. DATE	SIGNED
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) = 1 × ×	=	23a E	URIAL, CREMATION,	REMOVAL			23c NAME OF	CEMETER	Y OR CREMATORY	23d LOCATION		COUNTY	STATE
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(VRA 15, 4)			705 Bel	air F	Road, I	Balto	.Md.	21:	236	1629 1981	Juna	Davidson 17	



	4	FOR	0504071	STATE OF MARYLAND	54 6	2 2 8 1 4
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ctor, page s	3. SE X		4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 11 00	6 AGE (IN YEARS LAST BIRT	
dire.		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 Baltimore City of Baltimore	COUNTY OF DEATH
38	10. CI	atimar City	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	DN 126 KIND OF BUSINESS C
filled in tould be in most be	USUA 13a S	AL RESIDENCE (IF NURSING HOMEOR TATE IS COUN	OTHER INCHPOTION GIVE RESIDENCE BEFORE	EADNISSION) /N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE Ave 21225
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ires that the deoth cer gned by the attending in please remove corbo buriol, cremation, or re ry, or other traumatic e		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) VY-C DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 1	versible brain o	damage nemorrhag	DITION GIVEN IN PART 110
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on. i permi	TIFICA	190 DATE OF OPERATION	146. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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R ATTENDING PHYSICIAN: The low hospital or oftending physicians in IREC1OR: After this certificate has be led for use as the buriol-transit permitept of Health and Mental Hygiene printer 21 is marked an Item 18 shows on	MEDICAL CERTIFICA	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER COLORED NOTIFY MEDICAL EXAMINER NOTIFY NOTIFY MEDICAL EXAMINER NOTIFY NOTIFY NOTIFY NOTIFY NOTIFY NOTI	216. TIME OF INJURY HOUR A.M. MONTH D. P.M. 216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211. LOCATION STREET A gram etc.) 211. LOCATION STREET DEGREE	YES NO CALLER NATURE OF INJUR	VN COUNTY STATE 19 that (I) USE I 22 DATE SIGNED
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FOR

STATE OF MARYLAND - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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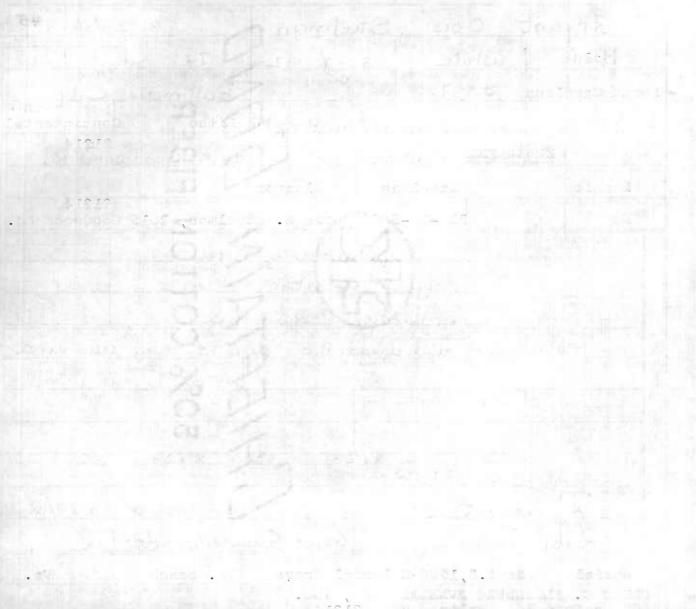
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J	3 SEX	1	I. RACE	5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
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1		RTHPLACE (STATE OR FOREIGN 71	B CITIZEN OF WHAT COUN	ITRY?	NEVER MA	PRIED T	9 BALTIMORE CITY OR COUNT	TY OF DEATH			
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4	20 CI		1. NAME OF HOSPITAL, NO				Baltimore		MD.		
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ŀ		10 CANCE OF DEATH Sales and						APPROXU	MATE INTERVAL		
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Æ		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR							
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ı		AT WORK AT WORK									
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ł	100	saw the deceased alive on abave, (I) (we) (did) (did nat)	8/24	19 86 an	d that in (my) (a	ur) opinian de	eath occurred on the date and he	our and from the	causes stated		
I			view the bady after death.								
ı		226. SIGNATURE	1		DEGREE			22c DATE	SIGNED		
ı		V. 100	31.11		ATT	ENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1 2/2	0/01		
1		27d PHYSICIAN'S NAME (TYPE OR	OCIO L		22e ADDRESS	ISICIAN [DIRECTOR LI PHYSICIAN DE	0/2	7/80		
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ŧ	230 0			22. NAME OF ST		2000	1374 10CATION	-11-00			
1	230. B	URIAL, CREMATION, REMOVAL	236 DATE		EMETERY OR CRE		23d LOCATION	COUNTY	STATE		
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1	KC		NBURG FUNER	AL HOM	E, INC.		CI 4 LING	ALLEN O SIGNATU	one whatte		
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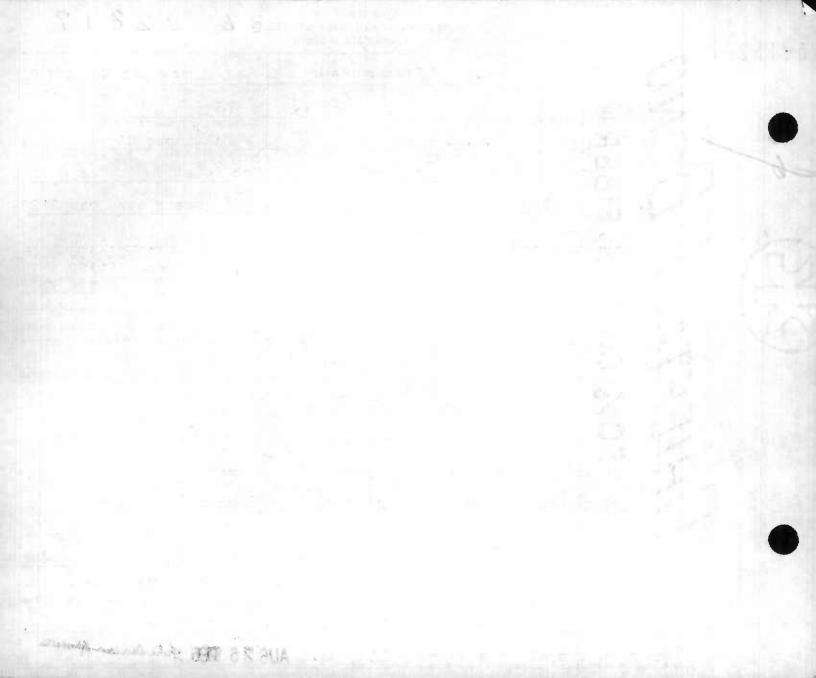
IMPORTANT: If Item 21

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept of Health and Mental Hygiene prior to burial, cremation, morked or Hem 18 shows



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-15428 CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) STEINACKER poge r FREDERICK Η. AUGUST S. DATE OF BIRTH 3 SEX AGE LIN YEARS LAST BIRTHDAY UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR 98 88 CAUCASION 12 MALE BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) L.S.A Maryland WIDOWED DIVORCED | BALTIMORE O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore LNIVERSITY MM. HOSP Clerk B&O Railroad SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 907 Garden Drive Apt. 1A 21221 Maryland Baltimore WESTERNO I 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDLE FIRST Dimling John Steinacker Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATES) LYES, NO OR UNKNOWN) 220-14-7638 Clara V. Newcomb 2225 Annapolis Rd. YESWW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIOPULMONARY IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which CEREBRAL UASCULAR ACCIDENT gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last SEPSIS - BRONCHOPULMONAR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? be Hygier Hygier NO YES NO [21a ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINERS P.M 19 ō 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC 1 ed NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from August 12 19.86 10 86 13 19 86 , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated August we) (did (did nat) view the body after death 226. SIGNABURE DEGREE ATTENDING MEDICAL STAFF Should be deta PHYSICIAN DIRECTOR PHYSICIAN P 22e ADDRESS MPORT 230 BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Baltimore Maryland Loudon Park Cemetery 8/16/86 Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

TEP IN STRUCK STEINACKEL AUGUST 15, 1951 9157 HAVE CAMPAIN S IZ 45 82 PACTINGIE CITT A 2-30 CONTRACT CAMP OF TO PTIZESUIAN SOMETING Enter Miller Constitution of the Constitution AND THE RESIDENCE OF THE PARTY CAMPIO PHINODOMY ABURAL C REFLIENC UNSCHARGE ACCUSENT Settle - BLEBERFHIMMENT FITTER I CHUZARANT



DEPARTMENT OF HEALTH AND MENTAL HYGENE O - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 25 HOUR LTYPE OR PRINTS Mrs. Elizabeth V. Steffe August 10 1986 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR January 28 1894 Female Caucasian TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore City WIDOWED DIVORCED T D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 5210 St. Charles Ave. Baltimore Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 5210 St. Charles Ave. City 21215 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Unknown Eric MIDDLE John Martin 17 IN MOSMAN Parks ADDRESS 21117 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) Maryland 220-07-9176 4807 Deer Park Road Owings Mills APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PNEUMONIA PART I. DEATH WAS CAUSED BY: 7/23/06 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220. I certify that (1) (this haspital attended the deceased from 15 rest wary to 10 August 10 45 23 JULY 19 06 sow the deceased alive on_ and that is (my) (sylf opinion death occurred on the date and hour and from the causes stated obove, (1) (yet joid (did not) view the body after death 226 SIGNATURE DEGREE 77 DATE SIGNED MEDICAL chyca ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME LIVE OF PRINTS ould b 3640 FUTON LANT MUTHER LERW 230 BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY Birial Woodlawn 8-13-86 Lorraine Park Cemetery Baltimore Maryland

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

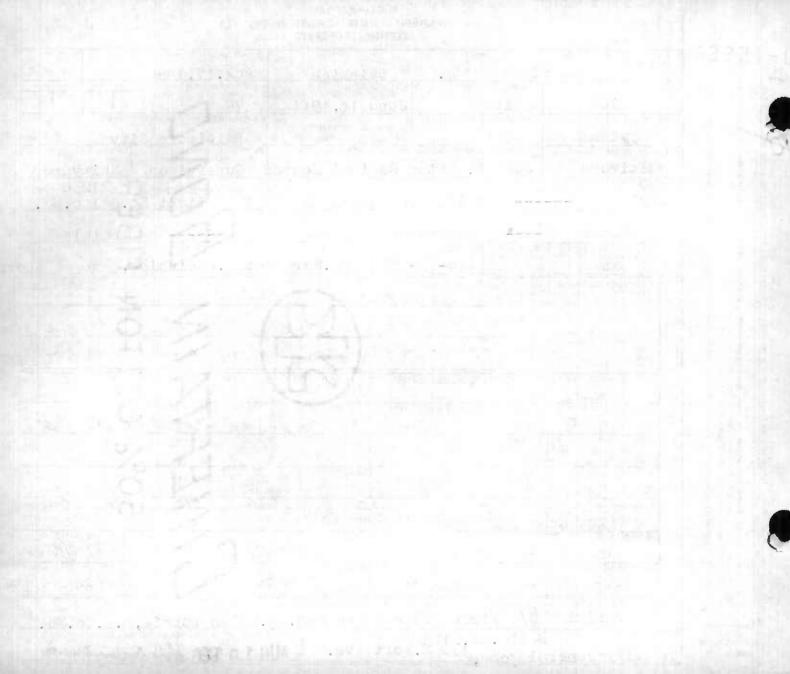
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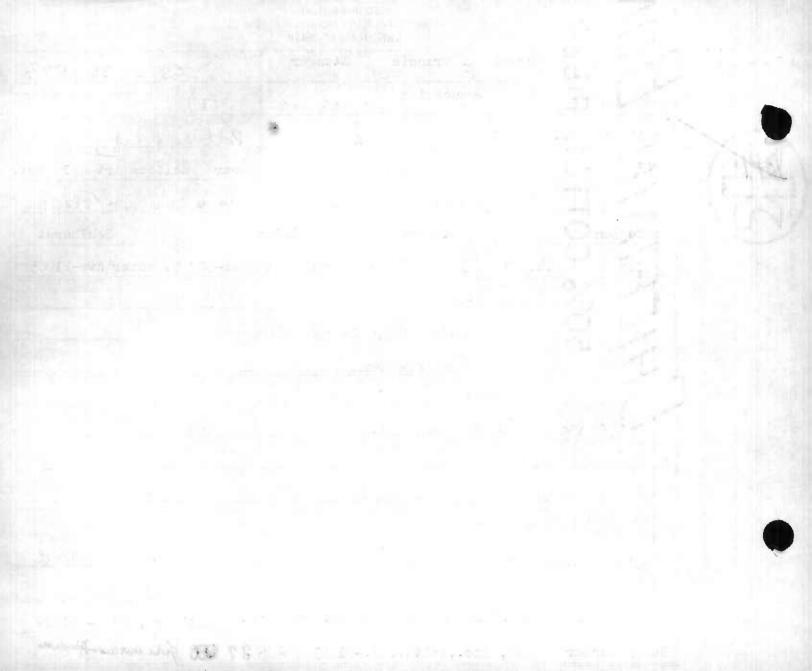
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENT AL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH L DECEASED NAME 7h HOUR TYPE OF PRINTS Charles Steinhice 1986 3. SEX 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR MONTH Male White June 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED TO NEVER MARRIED Maryland USA Baltimore City WIDOWED DIVORCED [] 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore L. Deaton Nedical Shipvard Supervisor USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore St. Balto . Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Thomas MIDDLE MIDDLE Ada Steinhice Weible ADDRESS 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Poges IYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST No Mrs.Margaret E.Steinhice.Same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY: CARDIO POLMONARY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF PNEUMONIA Conditions, if onv. which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF DENENTIA OF THE ACTHEMENTS couse 10), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION NONE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NONE NOL 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 21d IN JURY OCCURRED CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC) SIREET NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from. sow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) wel (did) (and not) view the body after death DEGREE 22: DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Glen Haven Mem.Pk. Burnie, A. A 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 E.Fort Funeral Home Felia Davidson (VRA 15, 4)



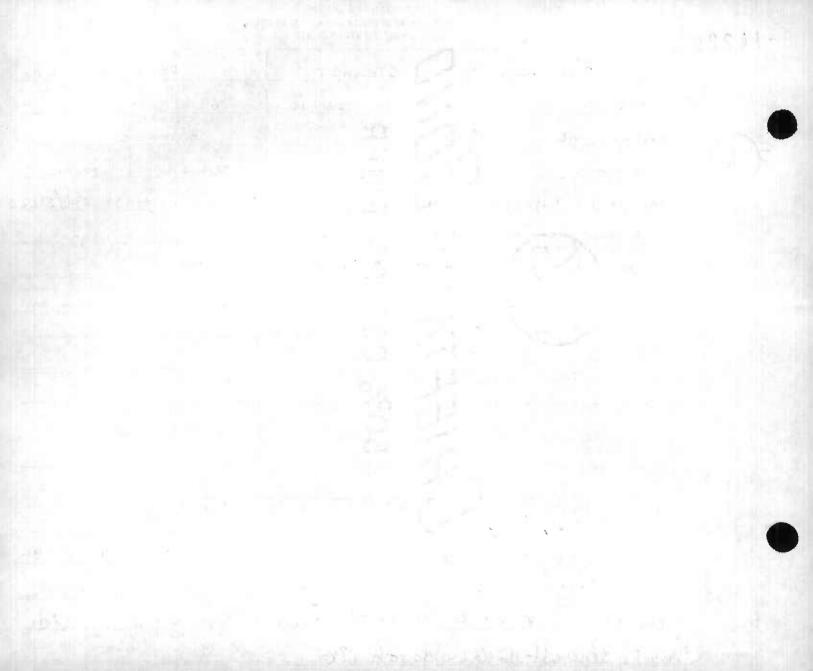


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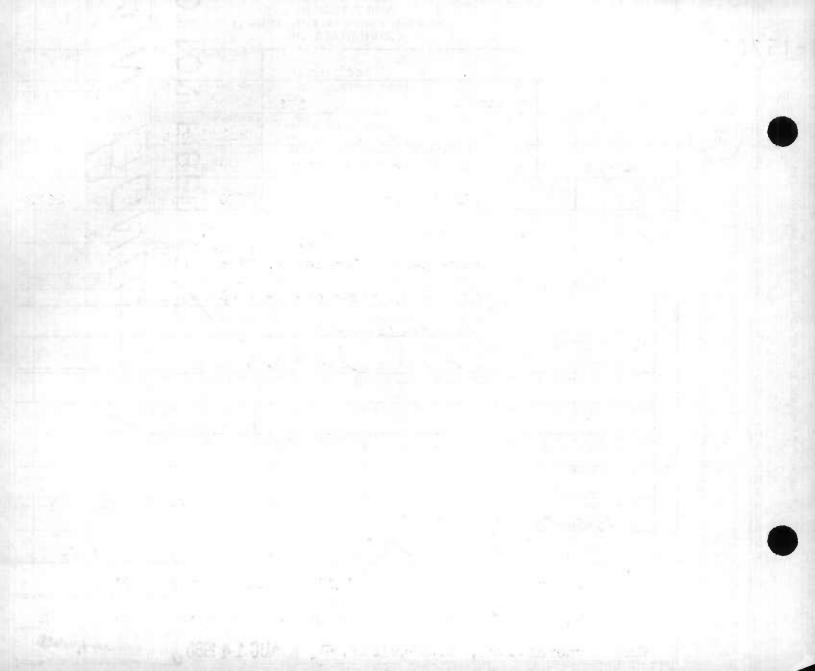
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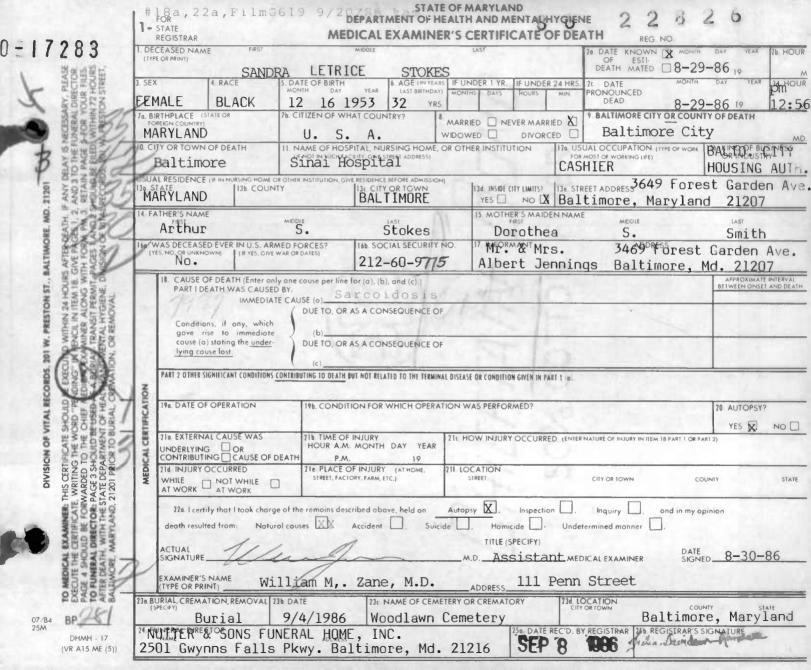
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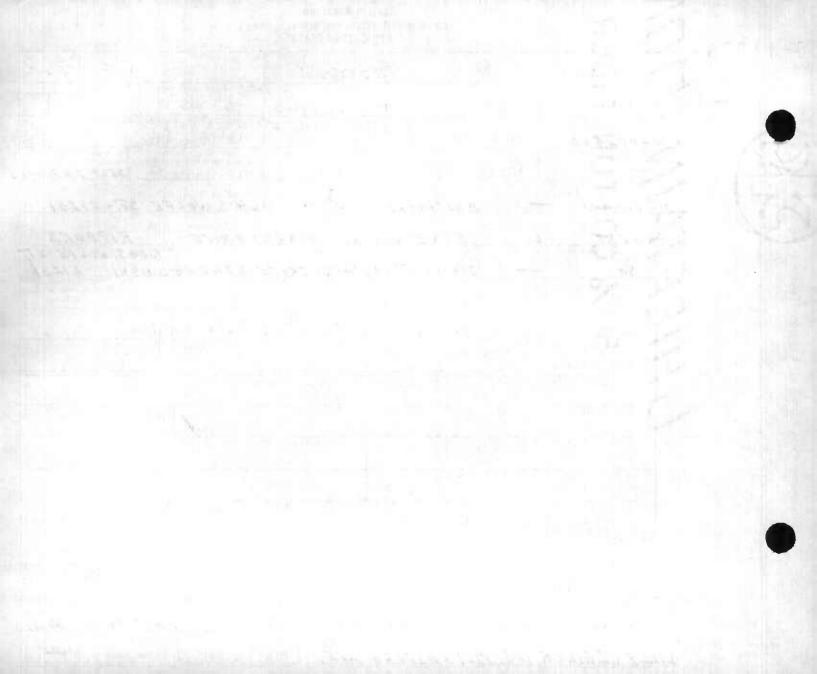
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28. DATE KNOWN MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) ESTI Georgia DEATH MATED MARIE STRAUSBAUGH 8 24 19 86 4 RACE SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR 2c. DATE 73 YRS. PRONOUNCED 12:50 Female DEAD 19 86 TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED A DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Housework Baltimore 254 S. Bouldin St. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 254 South Bouldin St. 21224 Maryland Baltimore 13d INSIDE CITY LIMITS? YESX. NO . 14 FATHER'S NAME MIDDLE MIDDLE George Richter Rickenwald Mary 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS John (Strausbaugh 829 Judy Lane 21208 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Chronic obstructive pulmonary disease & diabetes mellitus 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 10 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. P. TO FUNERAL DIRECTOR: P. ATER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Inspection X 226 I certify that I took that of af the remains described above, held an Autopsy and in my opinion death resulted from Hamicide natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8-26-86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Oak Lawn (emetery castwood 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** harles S. Zeiler & Son Inc. 901 S. Conkling St. AUG 27 1988 June Dayson Honder (VR A15 ME (5))

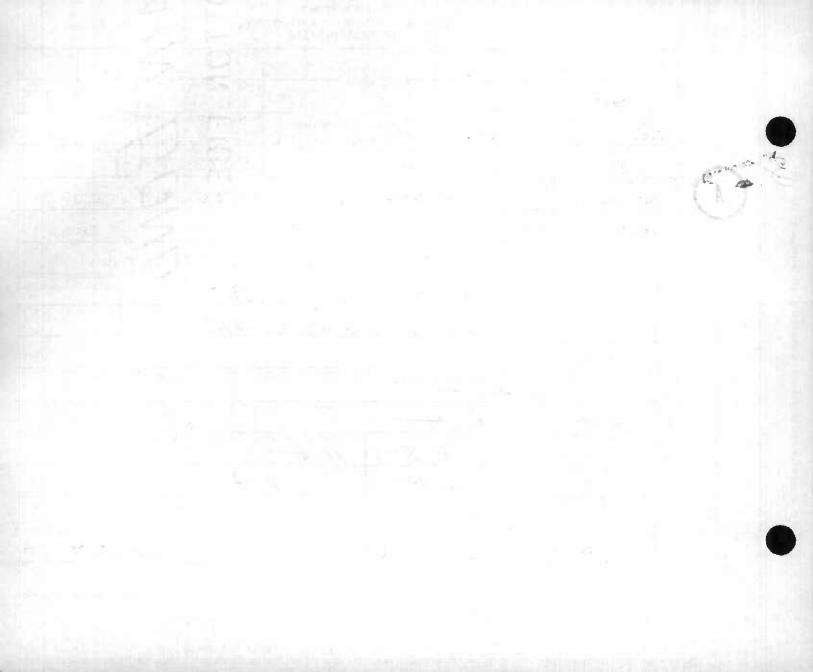
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 2b HOUR 1 DECEASED NAME LIVEE OF PRINTS STREATER 08 14 MINERIA 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. YEAR FEMALE BLACK. 01 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OPHOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13a STREET ADDRESS Z ZIP CODE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE 16h SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 219-20-8880 18 CAUSE OF DEATH (Enter only one couse per line for to , (b), and (c)
PART I. DEATH WAS CAUSED BY: CARDIO- PULMONARY ARREST IMMEDIATE CAUSE (a) POSSIBLE ASPIRATION Conditions, if ony, which gove rise to immediate DUE TO OR AS A CONSEQUENCE OF ARY - TIZA CT INFECTION couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21h TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL PM (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d IN JURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET AT HOME, STREET, FACTORY OFFICE FARM ETC 1 NOT WHILE [220 1 certify that (1) (this haspital) attended the deceased from .19 <u>&b</u>, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF shauld be deta FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME TTYPE OF PRINT 22e ADDRESS SUDHIR . PATEL LUTHERAN HOSPITAL 230 BURIAL CREMATION, REMOVAL DHMH - 16 60M 7/84 Hillio Saindres Bondath (VRA 15, 4)

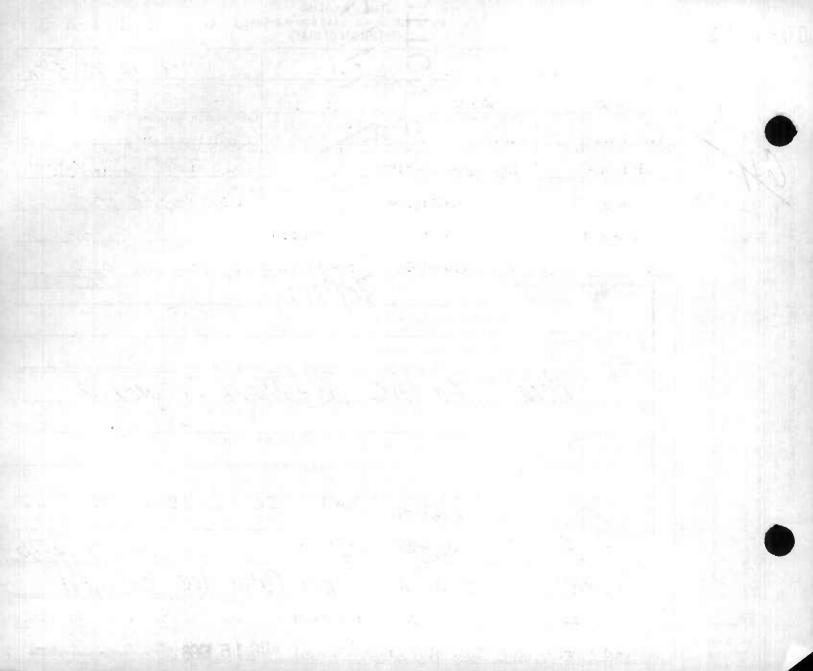
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frer de the fun de	10 CI	TY OR TOWN OF DEATH 11. NAME OF	HOSPITAL, NURSING HOME		(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
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within 24 hours erely filled in the 12 should be fill	13a S	L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION TATE 13b. COUNTY	136. CITY OR TOWN Balto.	13d INSIDE CITY LIMITS	13e. STREET ADDRESS 403 Kingston	Rd. 21229
MARYL/ mpletely ord 2 sh		THER'S NAME Bernard Streett	LAST	15. MOTHER'S MAIDEN	NAME	Jaylor
R. Ser	16a V	AS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	Jugan
IMORE e exect Pages medica	No	ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	217-01-0678	Mubelle	Streett 403 Ki	ingston Rd. 21229
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2 × 0 0 £ 8		OK CONTRIBUTING CAUSE OF DEATH	M. MONTH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
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ATTENDING Spirol or of ECTOR: Afte of for use as of Health it. of Health m 21 is mort		22a.1 certify that (I) (this happinal) attended the saw the deceased alive on above, (I) happinal (did not) view the body	6 19 86 0	nd that in (my) (earl opin	ion death occurred on the date	ond hour and from the causes stated
AL OR AL DIRECTOR OF THE HONOR OF DEPONDED OF THE HEAL		ment of M	iller mo	DEGREE ATTENDING PHYSICIAI	G MEDICAL STAFF	22C. DATE SIGNED BIS 86
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY OF PHYSICIAN: The low requires that the death certificate be executed with outending physicion. The low signed by the ottending physician and compass the burial-transit permit. Then please remove corban papers. Pages from the and Mental Hygiene prior to burial, cremation, or removal.	, Y	7	PART 2. OTHER SIGN	HEICANT C	CONDITIONS C	ONTRIBUTING	G TO BEATH	BUT NOT RELAT	ED TO THE TE	RMINAYDISE	ASE OR COND	ITION G	IVEN IN	PART 110		
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Holy Rosary

Balto., Md.
25a DATE REC'D. BY REGISTRAR'S SIGNATURE

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Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

8-23-86

Leonard J. Ruck, Inc., 5305 Harford Rd.

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE 00-1690 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b HOUR TYPE OF PRINTS William Summerville 8/31/86 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 1.5EX YEAR MONTH 7/25 Male Black 61 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md. USA WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION Truck Driver Lutheran Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
136. COUNTY
137. CITY OR TOWN 1031 N. Gilmor St. 21217 13d. INSIDE CITY LIMITS? Md. Baltimore YES IT 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Wilson William Summerville Fannie ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-22-8674 Helena Summerville 1031 N. Gilmor St. 21217 8 CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and (c) PART I. DEATH WAS CAUSED BY praire IMMEDIATE CAUSE (O) Canditians, if ony, which gave rise to immediate cause (o), stoting the KONSEQUENCE OF underlying cause lost. NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ia CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES []

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDICA 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR LOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

9-31 1019 220.1 certify that (1) (this haspital) oftended, the deceased from. . that (1) (we) last -31 saw the deceosed alive on. and that in (my) (our) apinian death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22s. ADDRESS

23¢ NAME OF CEMETERY OR CREMATA 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE

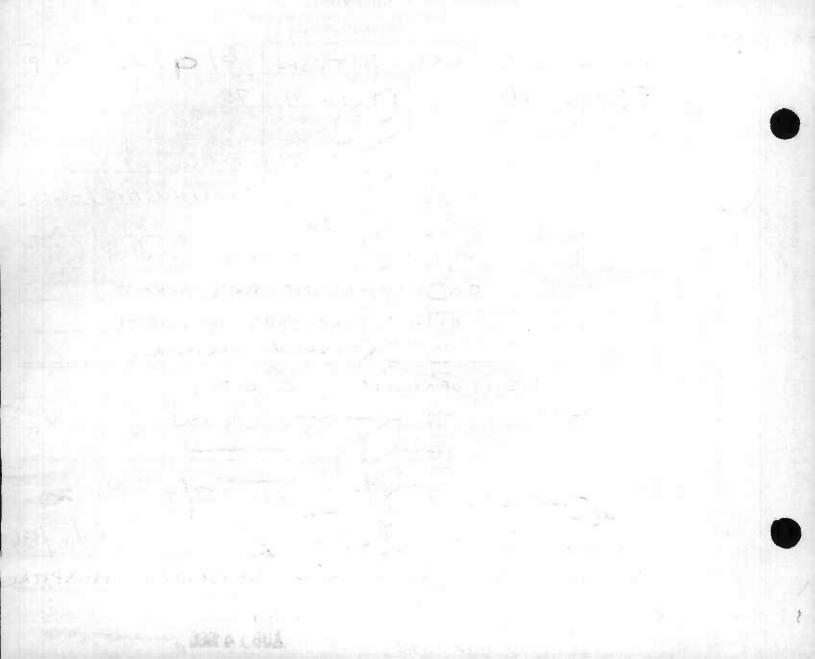
Burial 9/5/86 Cedar Hill Cem. 24 FUNERAL DIRECTOR

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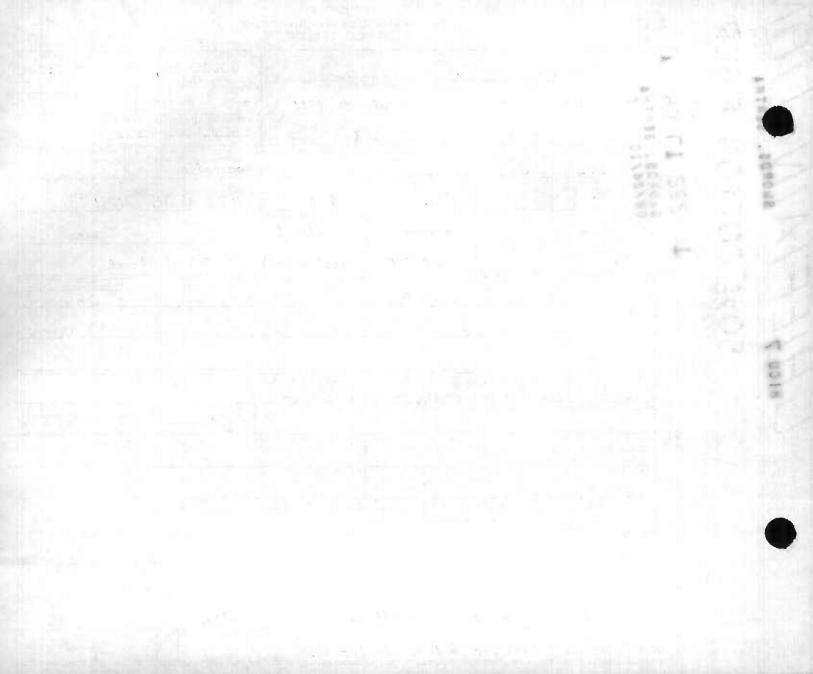
Chas. A. Rice FSPA 1300 Eutaw Place

250 DATE REC'D. BY REGISTRAIL 25b, REGISTRAR'S SIGNATURE in aleviden gandalle

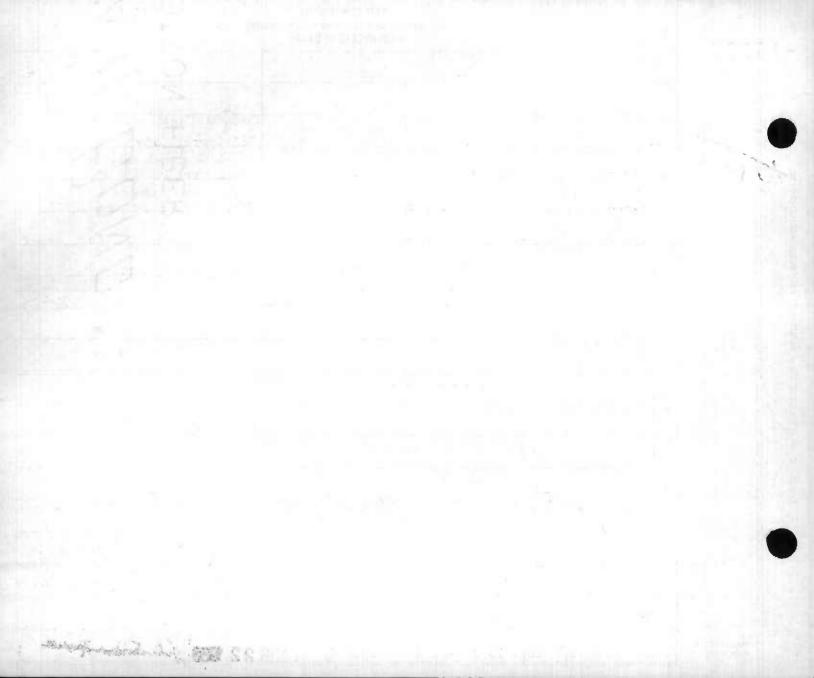
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BP	1	SHECIFY) SHECKEY) INERAL DIRECTOR Phillip	81,4186	Gara	. –	et Cent	Gerres.	on trest	Mer.	
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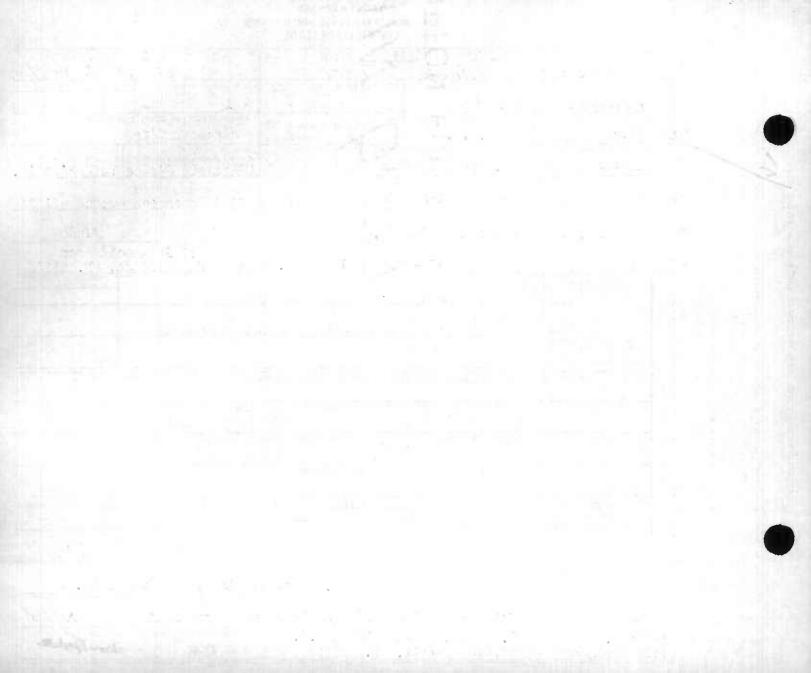
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0 00	3. SEX 4. RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
2 200	Jemule White July 20 DAY 19	YEAR 75 YRS MONTHS DAYS HOURS MIN.
eoff.	TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER M	- 19 BALTIMORE CITY OR COUNTY OF DEATH
201	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTI- (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE JOHNS HOPKINS HOSPITAL	TUTION 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TOWNEWILE
ARYLAND 2120 I writin 24 hours pletely filted in by R should be filted ammer dust be no		NO □ 2227 Bank St. 21231
makyr, makyr, bred with the confine experiments of the confine experiments	Edward MODIE Johnson Hel	MAIDEN NAME PET & Gasting
Timore be execu	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN (YES, NO ON INFORMAN) (IF YES, GIVE WAR OR DATES) 220-01-5012 DONOTH	ny Kolb 2227 Bank Street
AL RECORDS, 201 W. PRESTON ST., 84 R CU The low requires that the depth certification from the low requires that the attention of the seen signed by the attention of the perior to burd, cremation, as even nows any injury, or other troument entities.	18 CAUSE OF DEATH IE Inter only ane couse per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFOR 21b, TIME OF INJURY 21c, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c, HOW INJ	Ism.
TO HOSPITAL OR ATTENDING PHYSICIAN: Therefored by the hospital or ottending physicia. TO FUNERAL DIRECTOR, After this certificate should be detached for use os the buriol-transit with the State Dept. of Health and Mental Hygu. IMPORTANT: If them 21 is marked or Item 18 should be detached for use on the buriol-transit with the State Dept. of Health and Mental Hygu.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE AL WORK 270. I certify that (It this haspital) attended the deceased from sow the deceased alive on abave(D) (we) (bid) (did not) view the body after death. 272. SIGNATURE DEGREE AT PT. 272. PHYSICIAN'S NAME (TYPE OR PRINT) 272. ADDRESS	COUNTY STATE CITY OR TOWN COUNTY STATE CO
Z 6 F 0 2 Z	236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CF	CITY OF TOWN
BP	Durial 8-20-1986 (restlawn	Balto. Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	John M. Weber & Sons Inc. 400press. (hester St.	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

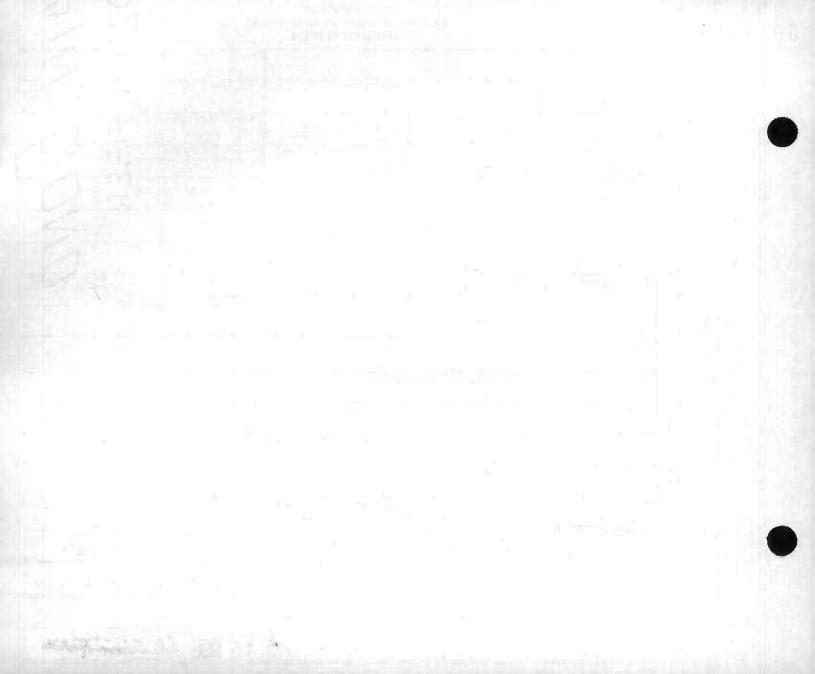


STATE OF MARYLAND



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5417	11	STATE REGISTRAR			FICATE OF DEATH	REG. N	0	
m r		CEASED NAME FIRST	ELIZABET	HPIE SINCLAIR	LAST TARR		MONTH 8 DAY 13 YEA	86 2b. HOUR
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-	23a. E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	a STATE
-		Burial	8/16/8		thedral Cemete	*		Maryland
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FOR		DEPARTM	STATE OF MARY ENT OF HEALTH AND		NE 6	22	8 4	2
- STATE REGISTRAR			CERTIFICATE OF		REG. N	0.		
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		HOSPITAL, NURSING	HOME OR OTHER IN		a USUAL OCCUPATI	ION	126. KIND OF	BUSINESS OR
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MAS DECEASED EVE			ITY NO. 17. INFORM		ADDRE	SS 1318		
No	(IF YES, GIVE WAR OR DATES)	218 18 12	37 Edwar	d C. Tate	e.Sr			otitet
18 CAUSE OF DE	ATH (Enter only one couse pe	er line for (o), (b), and		1	- 1			NATE INTERVAL
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WHILE NOT	WHILE (AT HOME, S	TREET, FACTORY, OFFICE FAR	RM, ETC.) STRE	ET	CITY OR TO	WN	COUNTY	STATE
		he deceased from .	3/16	10 75	8/6	10	86	h-a (1) (2-4-a)
sow the deced	osed olive on 8/3	19 8	6 , and that in (m)	() (wor) opinion dec	oth occurred on the de	ate and hour o		not (1) (we) lost
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Men	en 11 1 Literary			PHYSICIAN I	DIRECTOR 🔲 PHYSIC			
77d. PHYSICIAN'S	NAME (TYPE OR PRINT)		22e ADDRE			IAN L	10/0	100
0	AAME (TYPE OR PRINT)	D	22e ADDRE	SS			10/0	100
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TATE STREET THOM TOWN 19 219. DATE OF OPERATION 19 210. TORRESTOR OF THE INTUSTRIES TORRESTOR OF THE ONE TOWN TORRESTOR OF THE INTUSTRIES TORREST	Delores M. Tate SEX Female Gauc. Gauc. S. Date of Birth Month Day Year S. 2 1924 G. BIRTHPLACE (STATE OR FOREIGN DAY YEAR COUNTRY) Maryland D. CITIZEN OF WHAT COUNTRY? Maryland CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. (ENOTH SUCH FACILITY, GRE STREET ADDRESS) 1318 Bonsal Street JSUAL RESIDENCE FENDRSING HOME OR OTHER INSTITUTION, GREET RESIDENCE BEFORE ADMISSION) III. (STORT OWN) Maryland Marylan	Delores M. Tate SEX ARGE S. DATE OF BRITH YEAR YEAR S. DATE OF BRITH YEAR YEAR	DECEASED NAME 1851 MODIE 1.451 28 DATE OF DEATH MONIH DAY THE COPPRINT) Delores M. Tate 8 6 6 SEX Female Cauc. 5. Date of Brith 1860 MARRIED DAY TEAS 62 YRS. 1860 MARRIED DAY TEAS 62 Y	DECEASED NAME PAST Delores M. Tate Representation Day TEAR

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DHMH - 16 60M 7/84	74 F	UNERAL DIRECTOR	ADI	DRESS		256. REGISTRAR'S SIGNATURE
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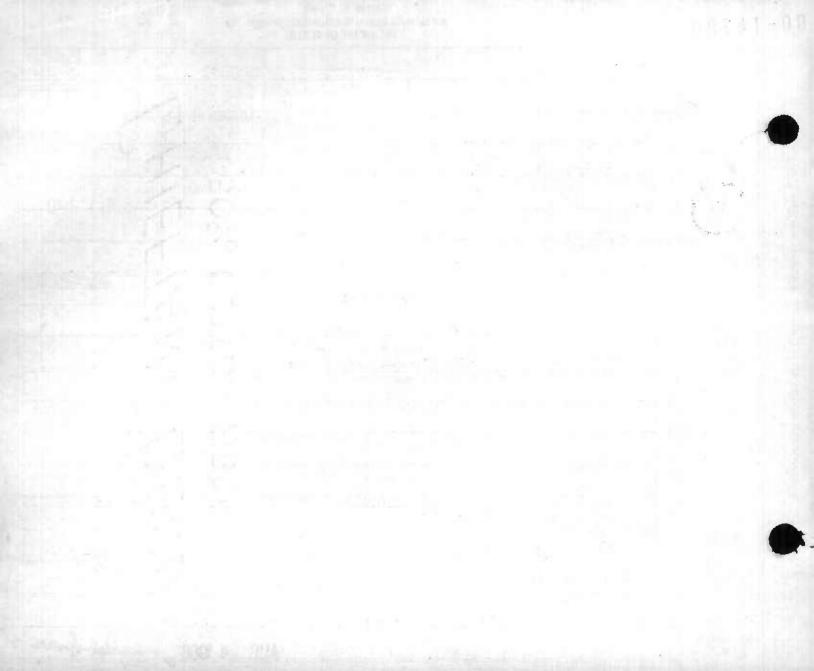
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24 FUNERAL DIRECTOR

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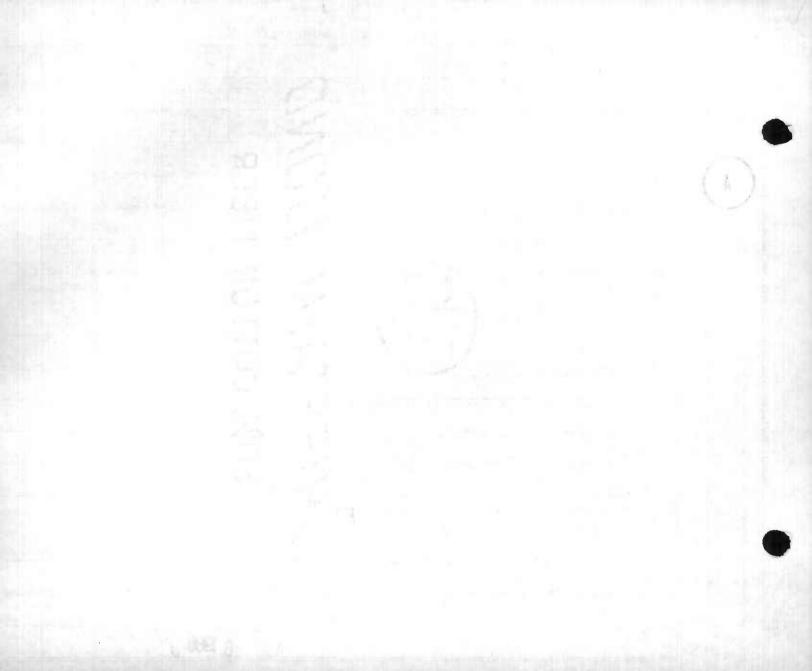
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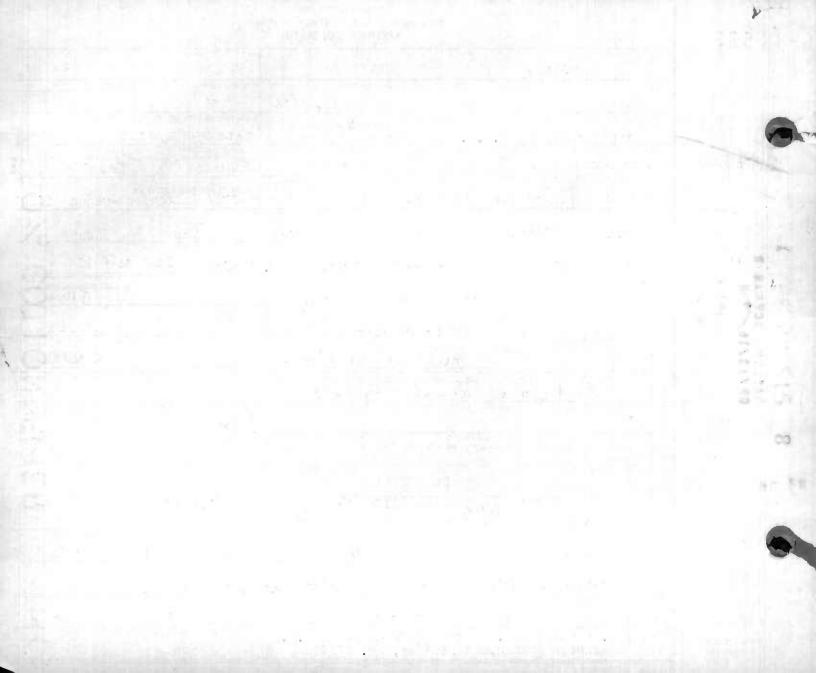
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	5	ē 24	; 3 ≧	23a. l	URIAL, CREMATION, REMOVAL	. 236. DATE 23	NAME OF CEMETER	RY OR CREMATORY	23d LOCATION	0 1		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-16934 REGISTRAR REG NO L DECEASED NAME KNOWN X MONTH 7h HOUR LIVE OF PRINTS ESTI-LONERAL DIRECTOR.
FOR YOUR FILES.
D, WITHIN 72 HOURS
W PRESION STREET, **EVA** TAYLOR DEATH MATED 8-30-8610 4 RACE S DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR Black Female PRONOLINCED 27 1893 12 DEAD 8-30-8610 9:24R 92 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED X 1, 2, AND 3 TO THE UN
M 3. RETAIN PAGE FO
D 2 SHOULD BE FILED, WI
THE RECORDS, 201 W. P DIVORCED Raltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Retired Lutheran Hospital Baltimore USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 136 COUNTY 13c. CITY OR TOWN 2821 Clifton Road 21216 Md. Balto. YEST NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME OURS AFTER DEATH.
18. GIVE PAGES 1,
5. WITH FORM PM.
AIT. PAGES 1 AND 2 MIDDLE MIDDLE Maxie Lewis Lewis Lula 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Tranfield, N.J. HIEF MEDICAL EXAMINER ALONG WITH FOR USED SA BURIAL-TRANSIT PERMIT. PAGES I OF HEALTH AND MENTAL HYGENE, DIVISION-RIAL, CREMATION, OR REMOVAL. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 1070 Allenwood Dr. Unkn Mary Weaver 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt head trauma MAMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF IOF PAGE 3 SHOULD BE USED TO THOUSE LUSE TO FUNRAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH, THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 8:45Pm. 8-30-86 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject fell down steps at home 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 2821 Clifton Avenue Baltimore, Maryland home X 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident X death resulted fram: Natural causes Suicide L Hamicide Undetermined manner TITLE (SPECIFY) DATE 8-31-86 MDAssistant MEDICAL EXAMINER EXAMINER'S NAME Milliam N. Zane, M.D. 111 Penn Street _ADDRESS_ 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 9/4/86 Tarboro, N.C. Burial Church Cem. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** 1101 E. North Avenue WMf C March F.H - Landson-Bandelle (VR A15 ME (5))

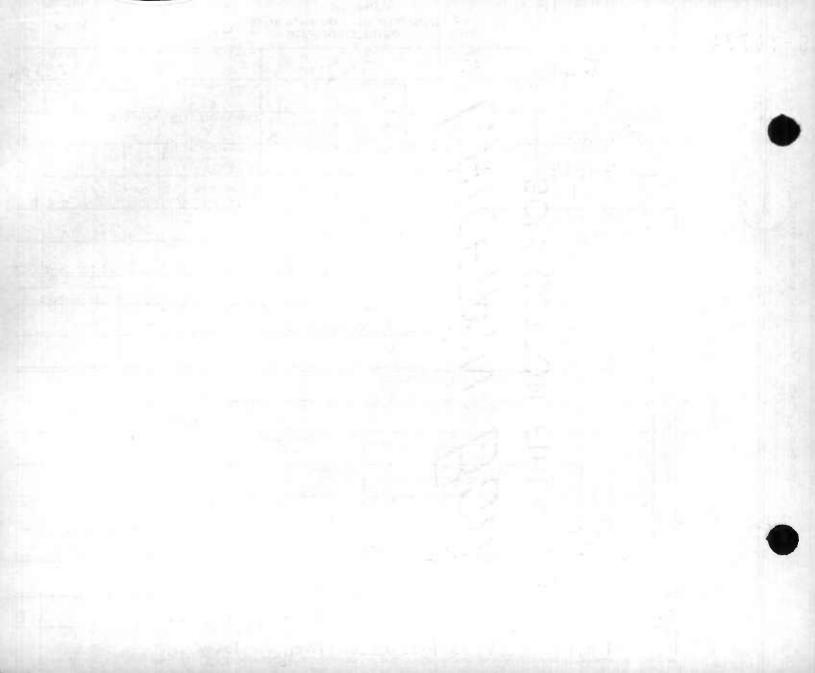
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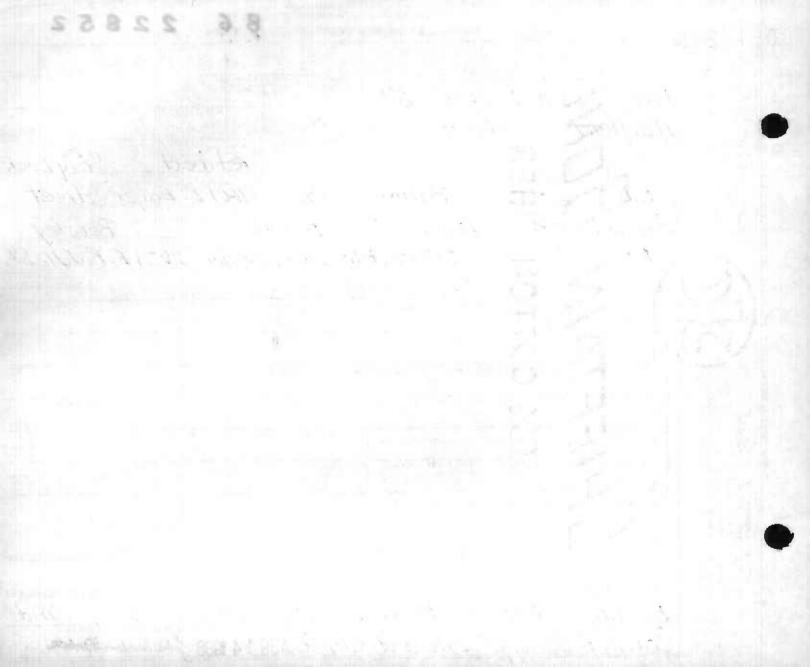


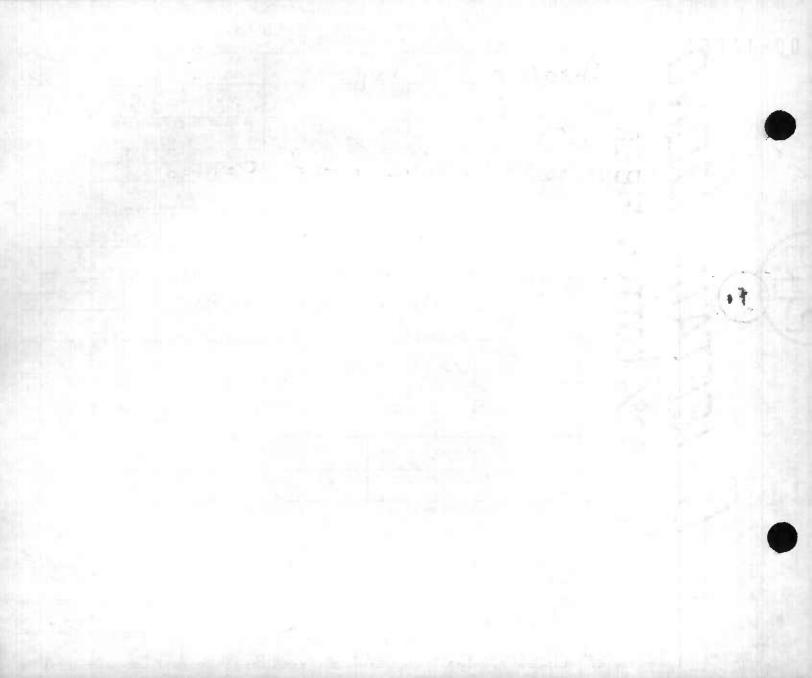
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5 2 2 5	5	THE DATE OF OPERATION	178 CONDITION FOR WITH	TOPERATION WAS PERFORMED	IN CER	TIFYING CAUSES OF DEATH?
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	I NECESSARY, PLEASE FUNERAL DIRECTOR, 5 FOR YOUR FILES. 9, WITHIN/22 HOURS W. PRESIDN STREET	n	CALLICOUNTRY)	nd	11.0	CA	200	WIDOWE		DIVORCE		D-31				
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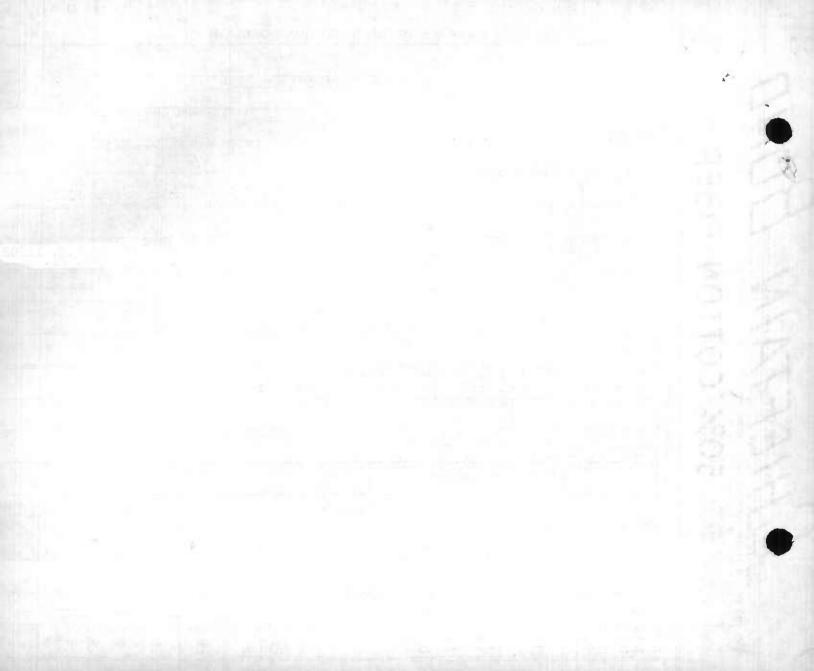
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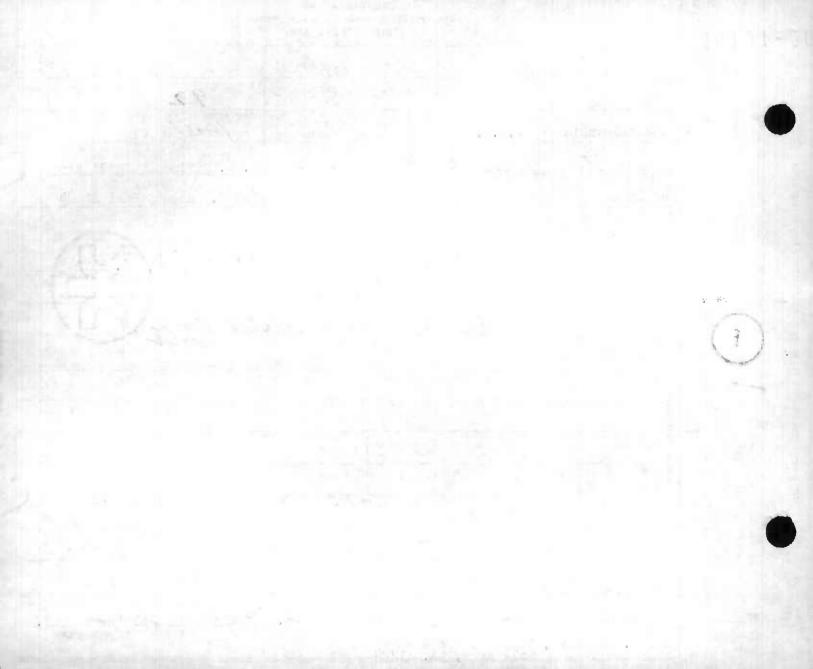
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	ATH. IF ANY DELAY IS NECESSARY, PLEASE S. 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3. RETAIN PAGE 5 EQN YOUR FILES, WITHIN 72 HOURS AD 2 SHOULD BE FILED, WITHIN 72 HOURS AND WESSION STREET, WITHIN THE RECORDS, 201 W. PRESION STREET, AND 2	130.5	JATE Maryland	136 COUNTY	THER INSTITUTION, GN	13CCITY Bal	ortown timore		13d. INSIDE CI	NO [2434]	ADDRESS Frederic	ck Aver	nue 2122	3
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3	S AFTER DEA GIVE PAGES ITH FORM P PAGES 1 AN IVISION OF	16a. \	WAS DECEASED EVER	IN U.S. ARMEI	D FORCES?	168 SOC	IAL SECURITY	NO.	17. INFORM	THAN		ADDR	ESS	01000	
	A FIRE IN E ISO	1.	es, no, or unknown) no	(IF YES, GIVE WAI	R OR DATES)	21	.9526387	7	Mary	v Tav	lor ali	34 Fred	eriak	21223	
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Č	NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. CATE, WRITING THE WORD "PRIDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. FOR: PAGE 3 SHOULD BE USED AS ABURIAL: TRANSIT PERMIT. PAGES 1, THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITA AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	2	UNDERLYING		116. TIME OF HOUR A.M		DAY YEAR	21c HC	OW INJURY	OCCURRE	D CENTER NATU	RE OF INJURY IN ITER	M 18 PART 1 OR PA	RT 21	10.000
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	ATE.	10	22a I certify that	I took charge o	I the remains desc	ribed obo	ve, held on	Autop	y X	Inspectio	n 🔲 , 1	nquiry .	and in my op	oinion	
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	TO MEDICAL EXAMINER; THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	12.5	(TYPE OR PRINT)									enn St.			
	1116 11	73a.B	urial,cremation,i Burial		B/12/86		NAME OF CEM	ETERY O	RCREMATO	ORY	23d. LOCA CITY OR TO	NOIT	COUR	1.6	TATE
07/8 25M			UNERAL DIRECTOR		175/00	K	ing		15	ISO DATE		insdowne		Maryland	<u> </u>
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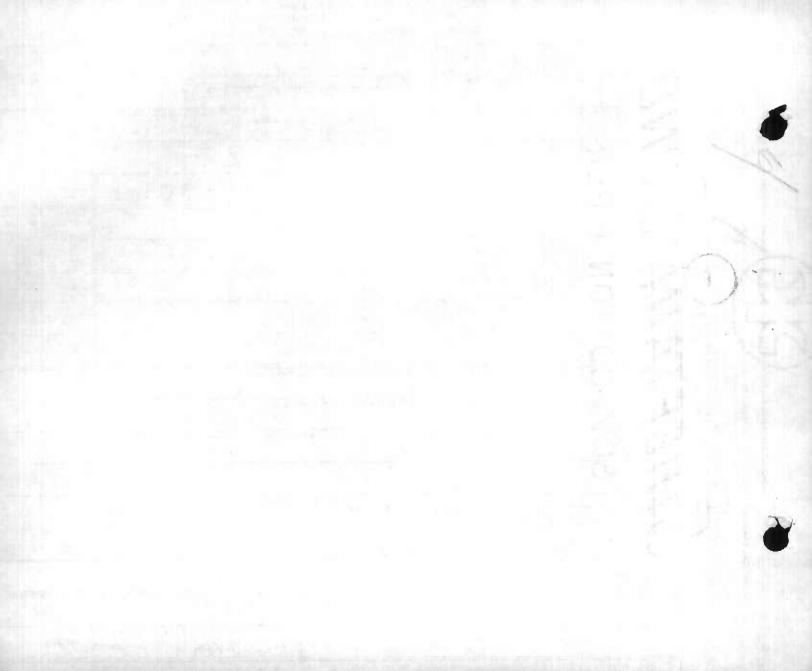
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DIVISION OF VITAL RECORDS,	mit prior	0	IFICATI	190 DATE OF OPERATION	196	CONDITION FOR	WHICH OF	PERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDING	
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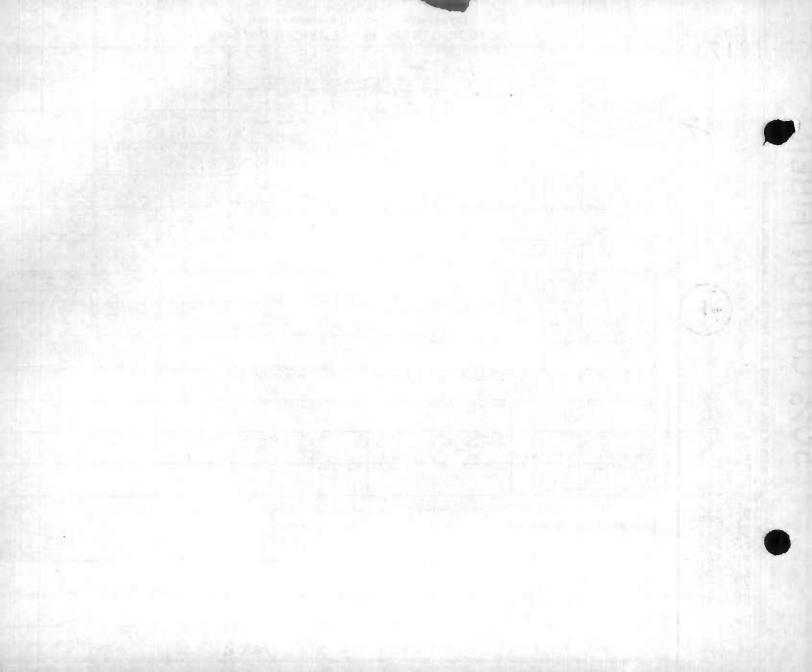
DEPARTMENT OF HEALTH AND MENTALHYGIENE - STATE REGISTRAR DECEASED NAME 28 DATE KNOWN X MONTH DAY 7h HOUR TYPE OR PRINT ESTI-DEATH MATED 18-25-86 DIRECTOR. FOUR FILES. N 72 HOURS JOYCE 3. SEX DATE OF BIRTH AGE IN YEARS DAY IF UNDER 24 HRS 2c. DATE 2d. HOUR MONTH LAST BIRTHDAY) PRONOUNCED black 8-25-86 9AM female 12 29 1944 41 DEAD TO BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) S Baltimore City Md DIVORCED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION ITYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY SUCH FACILITY, GIVE STREET ADDRESS)

Edmondson Avenue FOR MOST OF WORKING LIFE) Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a STATE Baltimore 13d INSIDE CITY LIMITS? 2525 Edmondson Avenue 21223 Md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Clorice MIDDLE James Walter Thomas 513 Penna Street Chester 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT [YES, NO, OR UNKNOWN] Clorice Rooks 212-44-4199 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Pulmonary thromboembolism DUE TO, OR AS A CONSEQUENCE OF fracture of left leg Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216-TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING while getting off of a bus 7/2/8610 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) unknown WHILE AT WORK Baltimore, Maryland Unknown PAGE 4 SHOULD BECTOR, P.
TO FUNERAL DIRECTOR, P.
AFIER DEATH, WITH THE ST.
PATTMORE, MARYLAND, 3 270 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Inquiry X death resulted from: Natural causes Homicide ___ Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8-25-86 SIGNATURE EXAMINER'S NAME 111 PennStreet Margarita A. Korell, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Randallstown Md Burial 8/29/86 King Memorial Park 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** una Davidson-Mandales March Funeral Home West 4300 Wabash Avenue (VR A15 ME (5))

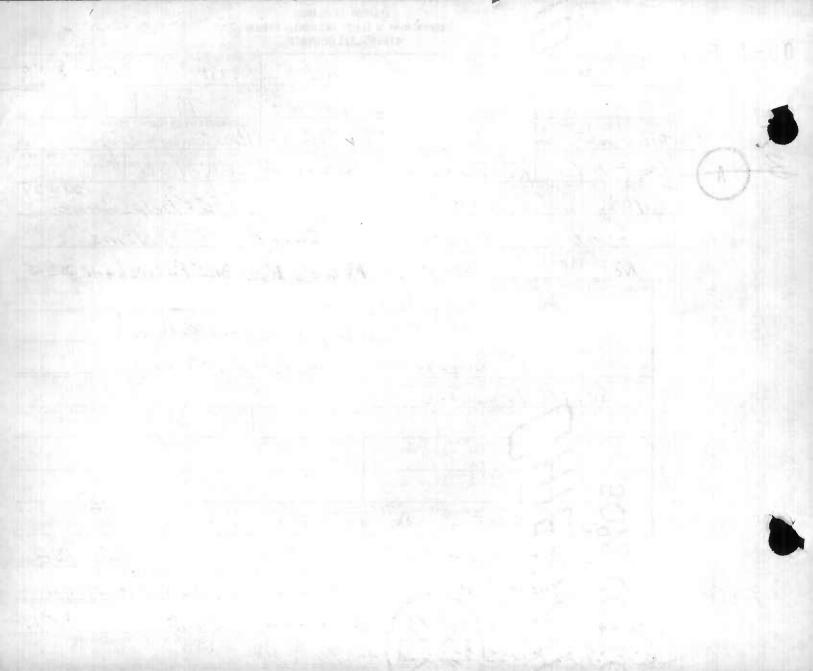
STATE OF MARYLAND



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TO HOSPITA retained by TO FUNERA should be d with the Stal	23a BU	SCILLE - YUL		MID. 760	<u></u>	23d. LOCATION CITY OF OWN	Md. 212	1 4
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20 DATE OF DEATH MONTH 7h. HOUR 1. DECEASED NAME (TYPE OR PRINT) 2, 1986 Edgar 8 Percy Thompson 9:00Am IF UNDER TYEAR IF UNDER 24 HRS 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 6 1906 Male White 80 BALTIMORE CITY OR COUNTY OF DEATH 19. BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City Virginia U.S.A. WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12h, KIND OF BUSINESS OR INDUSTRY Baltimore 3838 Roland Avenue Mail Carrier Postal Service USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13m STATE 13e STREET ADDRESS / ZIP CODE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore 3838 Roland Avenue/21210 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Gardner Edgar Ellen Thompson 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Minot N. Dakota LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 213/09/3511 Thompson 2616 6th. St. N.W. /58701 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO IT 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF LOWN COUNTY STREET AT HOME, STREET, FACTORY, OFFICE SARM, ETC I NOT WHILE 22a.1 certify that (1) (this happened) attended the deceased from 7/10 sow the deceased olive on. and that in (my) (per) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter deoth. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN F FUNERAL should be de with the Stat IMPORTANT 22m ADDRESS 21218 Walker, MD 3300 N. Calvert St. Baltimore, Maryland Gregory 0 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236 DATE BP. Cremation 8/4/1986 Green Mount Crematory | Baltimore, Maryland 21202 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 win Davidson-Gandelle AUG Walter Brooks Bradley Inc. Balto., Md. 21222 (VRA 15, 4)

SHEET SERVICE OF VISITION OF STREET

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YE AR 26 HOUR (TYPE OR PRINT) AMES S. DATE OF BIRTH 3. SEX IF UNDER TYEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR 20 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED A NEVER MARRIED WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE REVIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE timore YES W NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ones ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE SETWEEN ONSET CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. ARRES IMMEDIATE CAUSE 103 ATHEROSCLEROTIC HEART DISEASE Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CONDITIONS CONTRIBUTING TO DEATH BUT DIOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. **IFICATION** Austric arleria 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING ? It. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE AT WORK 220 I certify that (1) (this hospital) attended the deceased from and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated sow the deceased alive onobove, (I) (week) (did not) view the body after death. 276. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL should be der with the Store IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT MEDICALCENTER 22e ADDRESS

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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

236. BURIAL, CREMATION, REMOVAL Burial

8/28/86

23¢ NAME OF CEMETERY OR CREMATORY

Arlington National Cem Arlington

23d. LOCATION

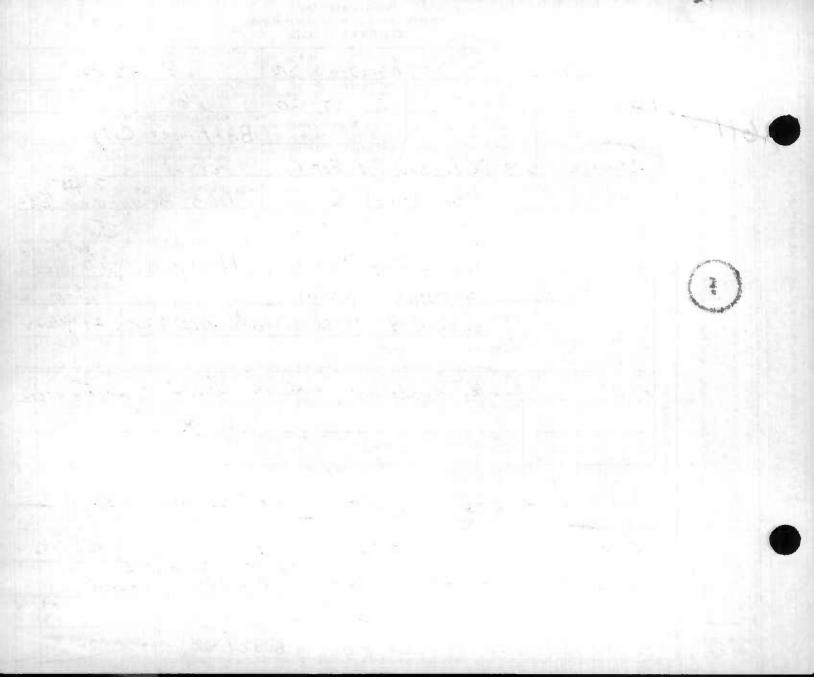
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COUNTY

BALTIMURE

March Funeral Home West 4300 Wabash Avenue

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



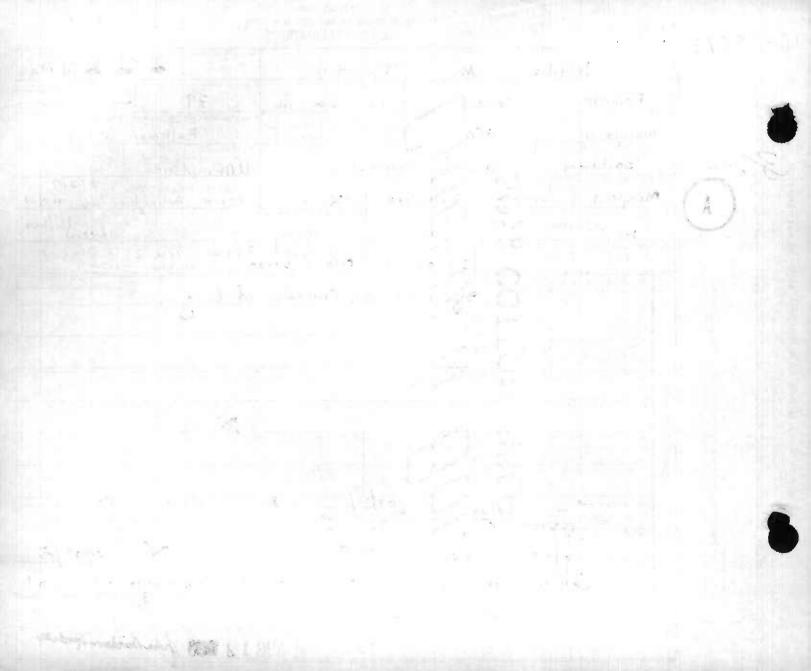
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH MONTH . DECEASED NAME 2b. HOUR (TYPE OR PRINT) poge 3 OhN 3. SEX 4. RACE IF UNDER I YEAR MONTH 36 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR FOREIGN MARRIED | NEVER MARRIED COUNTRY USA Maryland WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY #SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13h COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 1813 W. Frederick Ave. 21223 NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDOLE MIDDLE Willie Pearl Wallace Thompson ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT BALTIMORE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 162-30-2094 James Thompson 1813 W. Frederick Ave. 21223 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CAM DIO PULMON AM 4 DUE TO, OR AS A CONSEQUENCE OF ON MINTESTASTIC CANCINIONA Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [NO | 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 220 I certify that (1) (this postal) attended the deceased from opinion death accurred on the date and hour and from the causes stated (did not) view the body after death 228 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT PHYSICIAN'S NAME LITTE OF PRINTE 22e ADDRESS ld b 578 CAMP MINADIN RD shoul with 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE ITY OR TOWN STATE 8/13/86 Mt. Zion Cem. Lansdowns Burial Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Chas. A. Rice FSPA 1300 Eutaw Place (VRA 15, 4)

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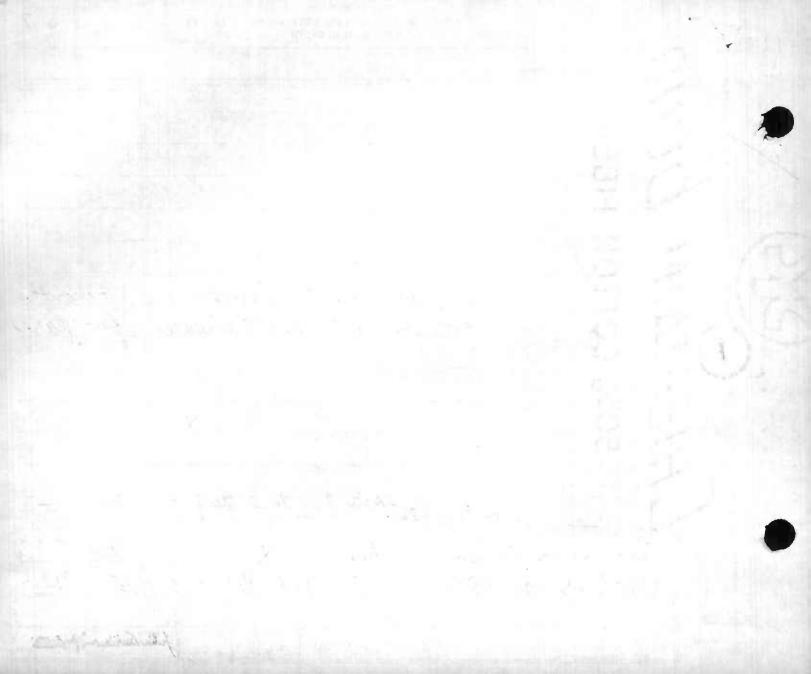
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DHMH - 16 50M 4/83 (VRA 15, 4)	2	JNERAL DIRECTOR BEAGE FUNE	EAC Home 1/29 N. CAROLING 6 1986



	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0	2 3 6 6
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OR A DiRE oched Dept f herr		276 SIGNATURE		DEGREE		22c. DATE SIGNED
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0 0 0 + 0		Jethrey	Joe, MD	22 S. Green	est, Balti	more, MD 21201
○ 1 2 3 조 · · · · · · · · · · · · · · · · · ·	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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DHMH - 16 60M 7/84		UNERAL DIRECTOR	ADDRESS	250 DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15, 4)	Ma	rch Funeral Home	e West 4300 Wab	ash Avenue AU	612966年	WILL DEM GOOD-AL-



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OR	DEPARTMENT OF HEALTH AN
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STATE OF MARYLAND D MENTAL HYGIENE E DEATH

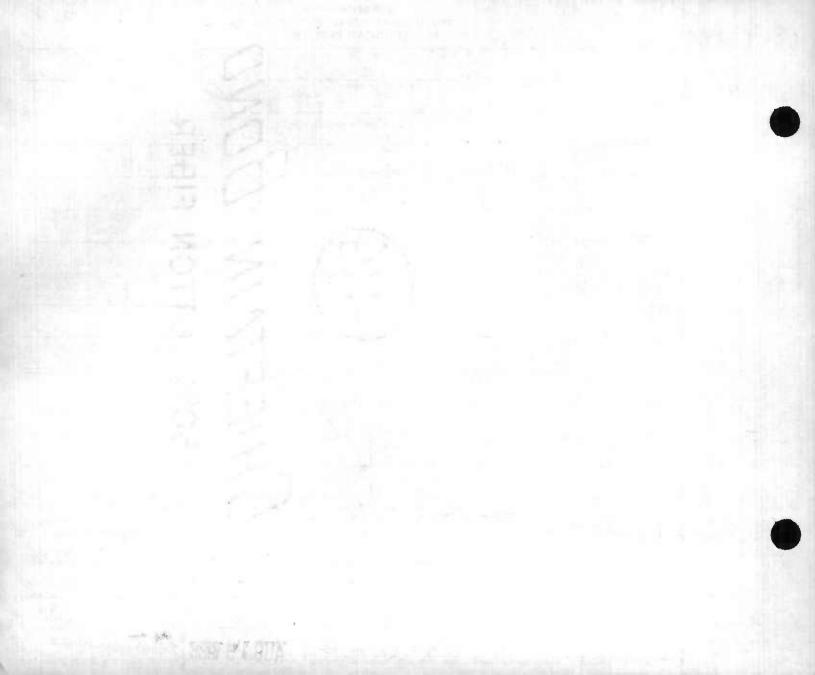
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Page Page	N	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-38	8-2956	Dorothy W	Willia	ms 2631 Hi	lton	St. Bal	to. 2	21216
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FUNERAL DIRECTO		22b SIGNATURE Prachus 22d PHYSICIAN'S NA	UQ . I	view the body	biter death		DEGREE ATTER	NDING	MEDICAL STA	FF CIAN []	224. DATE	SIGNED	56
TO FUNERAL should be det with the State		Mange		L. Levi	ce		711 W.			altin	rona, v	40,2	1211
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DHMH - 16 60M 7/84 (VRA 15, 4)

Bailey FuneralHome 1348 N. Calhoun St. 21217

SSIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO TO DATE KNOWN W MONTH (THIRD CONTRIBUTE) 7-29-86 DEATH MATED Phillip DAY IF UNDER 24 HRS. 2c DATE 2d HOUR LAST BIRTHDAY PRONOUNCED DEAD 7-29-86 19 2:15p 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH E BIRTHPLACE (DIAMEDI MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City WIDOWED [DIVORCED Maryland E CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Floor Manager F. & F. Cloth University Hospital Baltimore LI COUNTY 13E CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 9618 Perry Hall Blvd. 21236 NO X Maryland IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Tiedemann Joeckel Henry Albert Dorothy MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS TOWSON, ONO. 201 Dorothy Bramble 10 Acornhicle 21204 217-60-4410 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIT OF FUNERAL DIRECTOR; PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARMAND 21201 PRIOR TO BURIL YES NOXX 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH : 29PM 6-22-86 driver of an auto/fixed object/vehicle 211CO ALIVISION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) Lutherville, Maryland WHILE AT WORK I-95 S. of Ridge Rd. howy. 220 I certify that I took charge of the remains described above, held an Inspection X Autopsy Inquiry and in my apinion Homicide Accident V Undetermined manner Natural causes TITLE (SPECIFY) DATE 7-30-86 Assistant EXAMINER'S NAME Margarita A. Korell, M.D. D. RESS 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 7-30-86 Westview Memorial Pk. Cremation Baltimore, Maryland 07/84 25M 24 FUNERAL DIRECTOR ADDRESS 11750 Belsie RR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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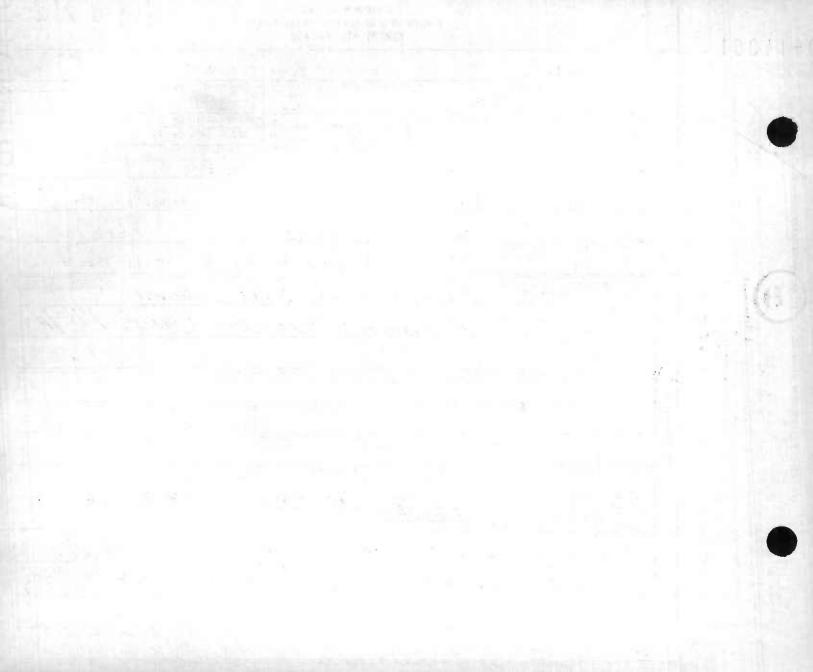
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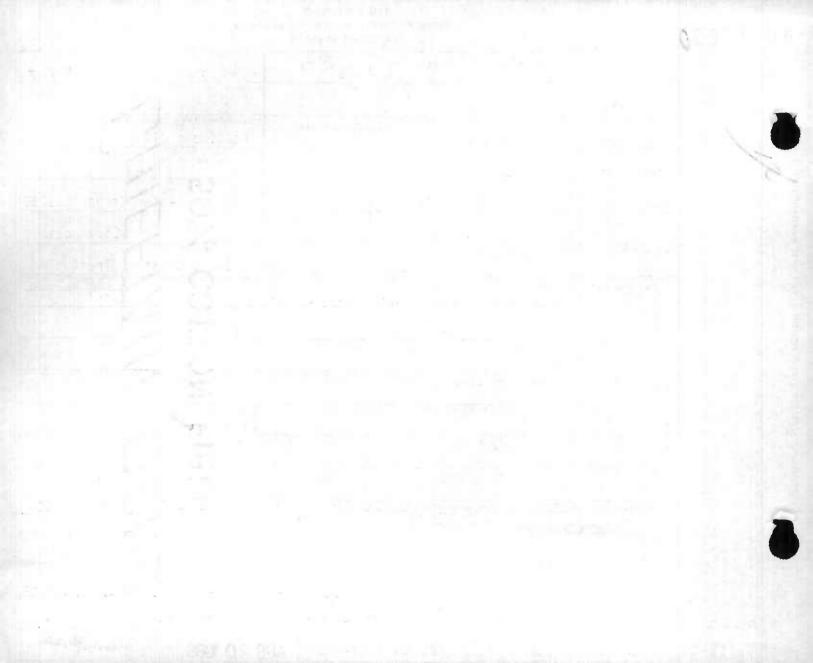
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oper wol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line f	or (a), (b), and (c	1,1			BETWEEN	MATE INTERVAL ONSET AND DEATH
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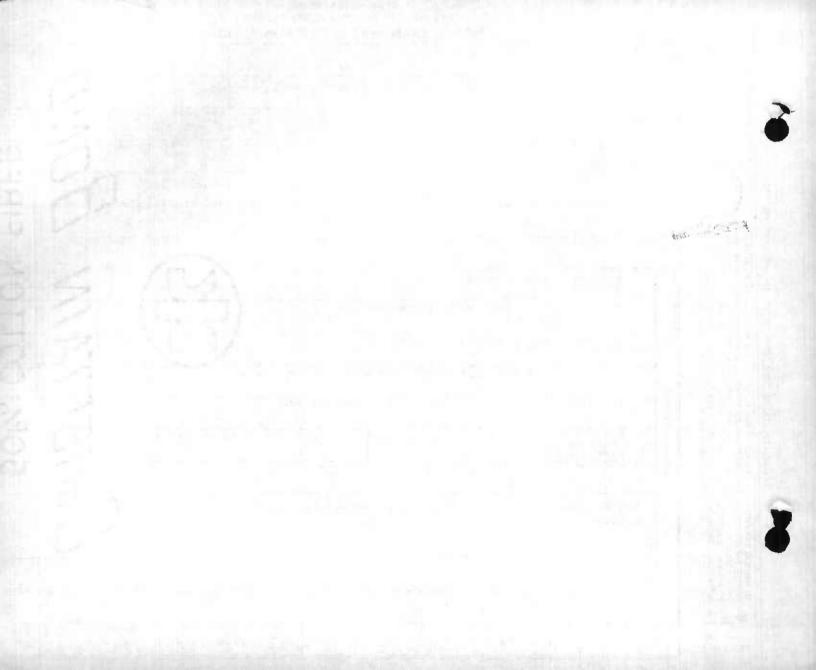
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME TTYPE OR PRINTI ESTI-TRADER, III HERBERT ERAL DIRECTOR.

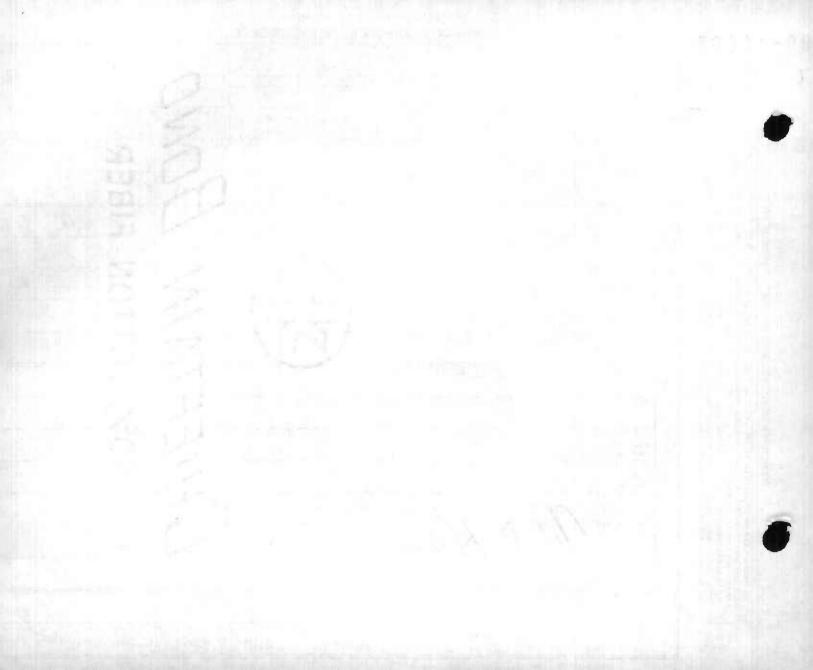
OR YOUR FILES.

THUN 72 HOURS

RESTON STREET, DEATH MATED 8-24-86 19 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 8 13-53 33 5:30P black 8-24-86 10 male DEAD 76 CITIZEN OF WHAT COUNTRY OR BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. New York Baltimore City WIDOWED [DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Sinai Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore, Md. 21215 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore NO [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Herbert Trader Harriet Plat 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-64-6162 Baltimore, Md. Herbert W. Trader 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: chronic pancreatitis with diabetes mellitus IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id USED AS A I 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO [21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Undetermined manner Natural causes TITLE (SPECIFY) DATE 8-25-86 MD Assistant SIGNATURE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT ADDRESS 230.BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 8-28-86 Woodlawn Cemetery MD. Baltimore 25M Nutter & Sons Funeral Home, INC. 2501 Gwynns Falls Pkwy. Baltimore, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STONATURE DHMH - 17 (VR A15 ME (5))



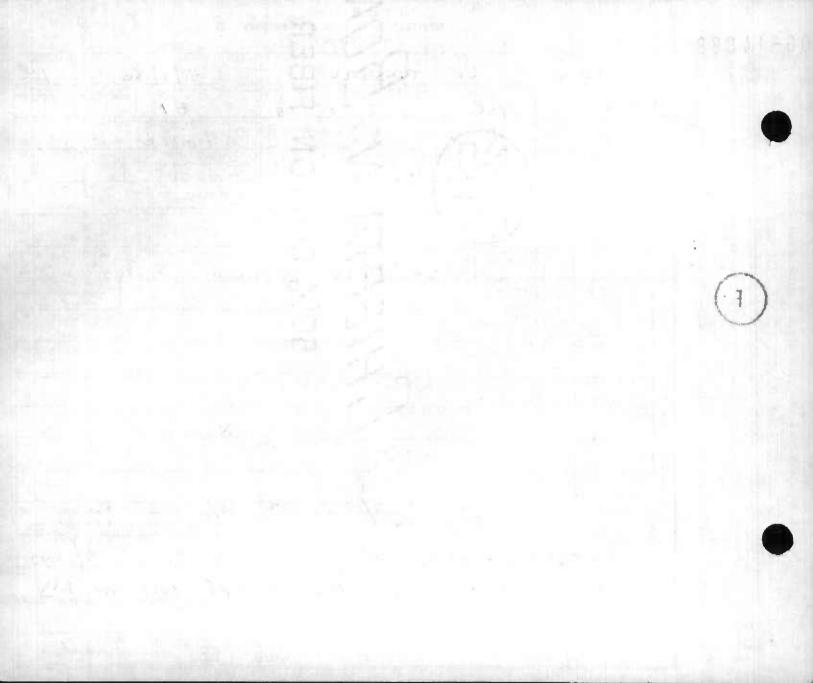
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. FOR - STATE REGISTRAR REG. NO KNOWN X DECEASED NAME 2a DATE (TYPE OR PRINT) OF ESTI-Traynham HOURS STREET, Alexander 1986 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male black 1907 22 79 DEAD 19 86 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED US DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY
Beth Steel FOR MOST OF WORKING LIFE)
Retired 2517 Liberty Heights Ave. Baltimore SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREEL ADDRESS 21215 2517 Liberty Heights 13b. COUNTY 13d INSIDE CITY LIMITS? Baltimore Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elizabeth MIDDLE Traynham Street Richard 7. INFORMANT 16h SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 217-01-2837 Clarence Traynham 2909 Westwood Avenue No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO **«** CERTIFICATION USED / 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 10 AUTOPSY? HEAD ONLY DEPARTMENT OF HIS NO 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY VARDED TO THE VAGE 3 SHOULD B 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CRETHICATE, WR. PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STAFF BALLLIMORE, MARYLAND, 2120 220. I certify that I tack charge of the remains describ HEAD, hONLy Inspection ond in my opinion Vatural couses death resulted fram Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 8/5/86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. lll Penn St. (TYPE OR PRINT) 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial COUNTY Md Baltimore 8/9/86 Eastview Cemetery 07/84 BP. 25M 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** who Davidson-Randale March Funeral Home West 4300 Wabash Avenue (VR A15 ME (5))



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OR AT OR AT DIREC Sched Dept.		22b. SIGNATURE	DEGREE		224 DATE SIGNED
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STATE OF MARYLAND

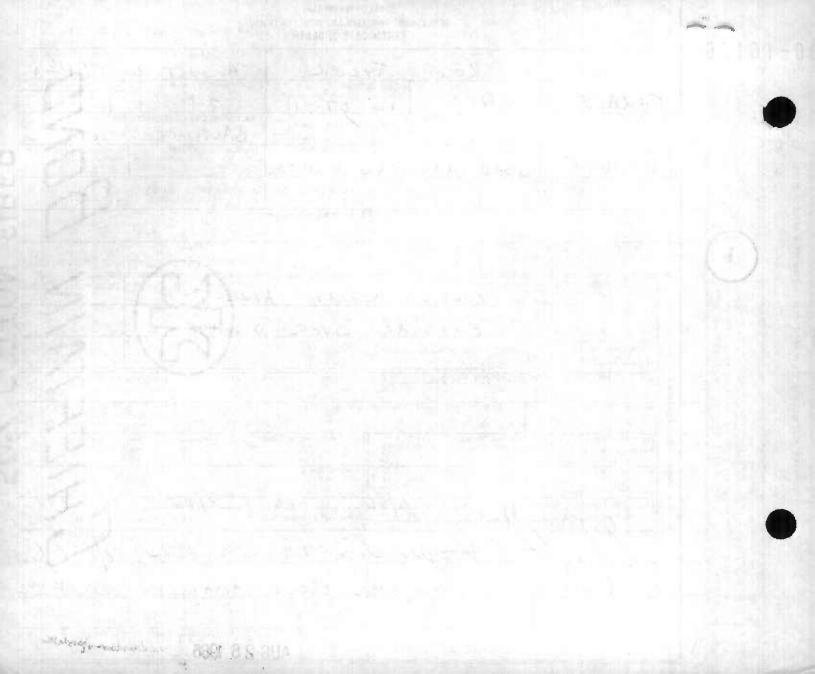
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(VRA 15, 4)	Geor	ge A. Weber &	Sons Inc -70	5 S. Ann St.	AUG 29 19	30 Hanner	nacon - Nou	pure.

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Baltimore, Md.

5305 Harford Rd.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

Leonard J. Ruck, Inc.

24 FUNERAL DIRECTOR

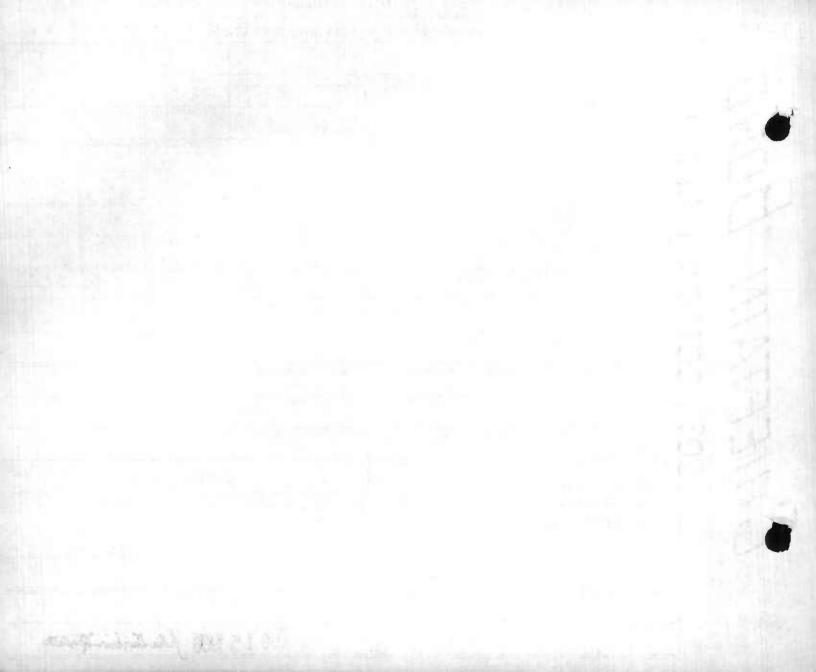
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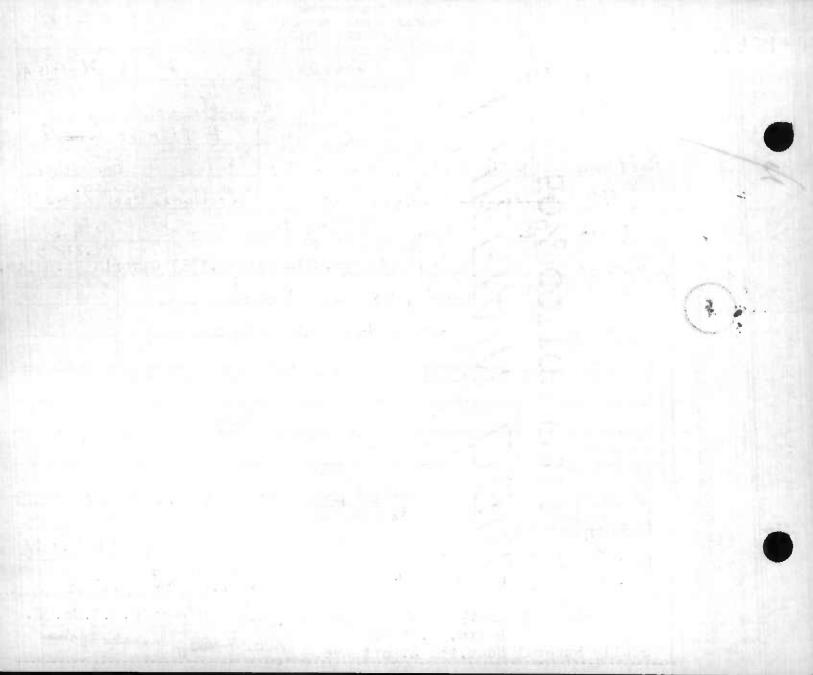
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OSPITAL OR ATTEND: ed by the hospital or UNERAL DIRECTOR A d be detached for use the State Dept of Heal RTANT: if hem 21 is m		22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	due or PRINT)	19	en	DEGREE ATTENDING PHYSICIAN 22e ADDRESS LUTHT	MEDICAL STA	ate and hou	221 DATE	that (It (we) lost e causes stated E SIGNED
TO F should		URIAL, CREMATION, REMOVAL	0			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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OHMI - 18 60M 7/84 (VRA 15/4)	B	ineral director O , W	addy	- Land	enter	22005 AUG	2 6 1986) 4	ulia Dau	Mars Signa	rure indete.

Crus C. Wadde - Louis To Till of the Mark Joseph Lines

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-1550 REGISTRAR REG. NO. 20. DATE KNOWN L DECEASED NAME (TYPE OR PRINT) OF ESTI-Lutisha Vincent 10/19 86 Tra 4 RACE & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED Female Black 1951 35 10/19 86 ам IN BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY TO THE FUNER N PAGE 5 FOR BE FILED, WITH MARYL AND Baltimore City. IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore 2503 Violet Ave. HOMEMAKER HOME 130 STREET ADDRESS 3721 Derby Manor Dr. MARYLAND BALTIMORE Apt. 202 Baltimore, Md. 21215 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GEORGE VINCENT **EDNA** MIDDER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 1502 Moreland Avenue EYES NO OR UNKNOWN) I HE YES GIVE WAR OR DATEST Vincent 217-56-7231 Baltimore, Md. 21216 No Edna I. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Intravenous Narcotism DUE TO OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) USED AS A E CERTIFICATION MER: THIS CER.
ICATE, WRITING THE, C.F.
F. FORWARDED TO THE C.F.
AR: PAGE 3 SHOULD BE USED.
AR: PAGE 4 SHOULD BE USED.
AR: PAGE 5 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [] 21a EXTERNAL CAUSE WAS 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR WE MONTH DAY YEAR UNDERLYING OR 8/ 9/ 1986 CONTRIBUTING CAUSE OF DEATH subject used drugs 21e PLACE OF INJURY (AT HOME IF LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 2503 Violet Ave., Balto. City, Md. WHILE NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BAJJIMORE, MARYLAND, 21201 house Autopsy X 22a. I certify that I took charge of the remains described above, held an deoth resulted from Accident Homicide Undetermined monner KX Natural cos TITLE (SPECIFY) ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 8/10/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 8/13/1986 Arbutus Memorial Park Baltimore, Maryland Burial 07/B4 25M 250 DATE REC'D. BY REGISTRAR 256 24 NOTTER & SONS FUNERAL HOME, INC. **DHMH - 17** 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))



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BALTI	Certificate reprint particular pa		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS.	bee mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
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VIS	G P onte	2	WHILE NOT WHILE AT WORK	TAT HOME SIREET, FACTORY OFFICE,	ARM, ETC)		
ā	or offer the offer the offer the offer the offer morked		22a I certify that (I) (this hospital	all attended the deceased from	A D 10 D	10 8/2	3 . 19 that (I) (we) lost
	aspitol or SCTOR: A d for use t, of Heal				and that in (my) (our) opinion	n death accurred on the dat	e and hour and from the causes stated
1 23	ATI OSP OSP OF OF OF OF OF OF OF OF OF OF OF OF OF		sow the deceased alive an above, (1) (we) (did) (did not)	view the body after death.			
	OR to ho DIRE		226. SIGNATUIL	00 00	DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED
			Longer	Kon,	7. D. PHYSICIAN	DIRECTOR PHYSICIA	
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	BP	-	Burial		len Haven Mem.P		LIIIC, A. A. OO . FIG.
	DHMH - 16 60M 7/84		UNERAL DIRECTOR	Balto.Md.2		ATE REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE
	(VRA 15, 4)	IV	ccully Funera	1 Home. 130 E	Fort Ave. AU	1 2 000 9 L	A company of the contract of t



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 1. DECEASED NAME 2b HOUR (TYPE OR PRINT) 4:12P N Claude August 19. Waddu AGE TIN YEARS LAST BIRTHDAYS IF UNDER 24 HRS 3. SEX 4 RACE IF UNDER I YEAR YEAR 13 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.s.a. DIVORCED Baltimore City WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE Laborer Baltimore Maryland General Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 900 Arygle Avenue Apt. Maryland BAltimore YES TX NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wright Waddy Spicey Clara 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? Bernice Waddy 900 Argyle Avenue Apt. 7F 215030321 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Heart Failure IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Kidney Failure Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Atherosclerosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT Hygie 710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 19 86 to August 19, 19 86 that X (we) last 220.1 certify that (K(this hospital) attended the deceased from August 6, saw the deceased alive on August 19, abave, (IXwe) (did) (dXXX view the body after death. 19 86 and that in (XX (aur.) apinian death accurred on the date and hour and from the couses stated DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME (TYPE OF PRINT c/o Maryland General Hospital Darab Hormozi, M.D.

ARBUTUS

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CHTY OR TOWN

ARBUTUS

8.20.86

24 FUNERAL DIRECTOR

BURIAL

WM.C.MARCH F /H INC. 1101 EAST NORTH AVENU F

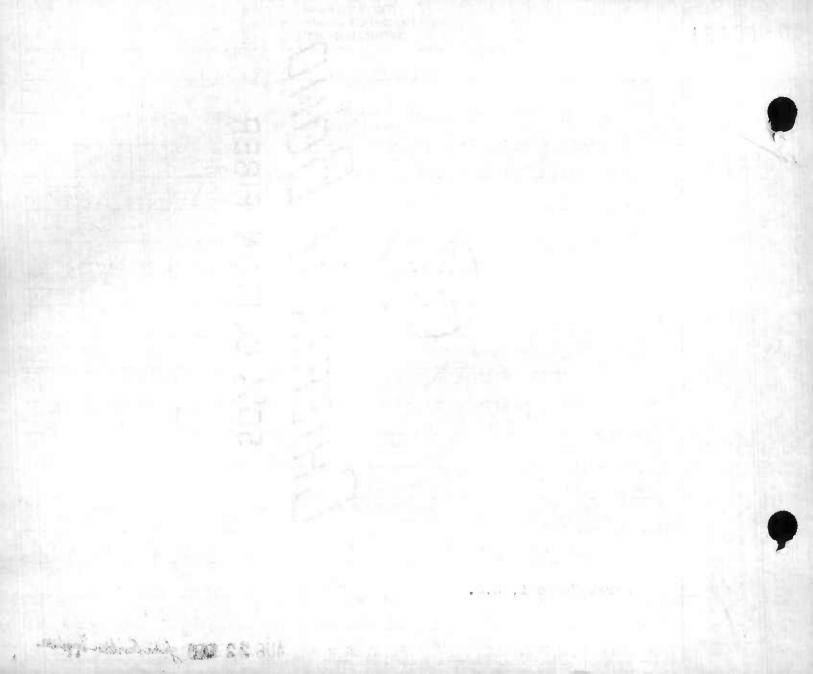
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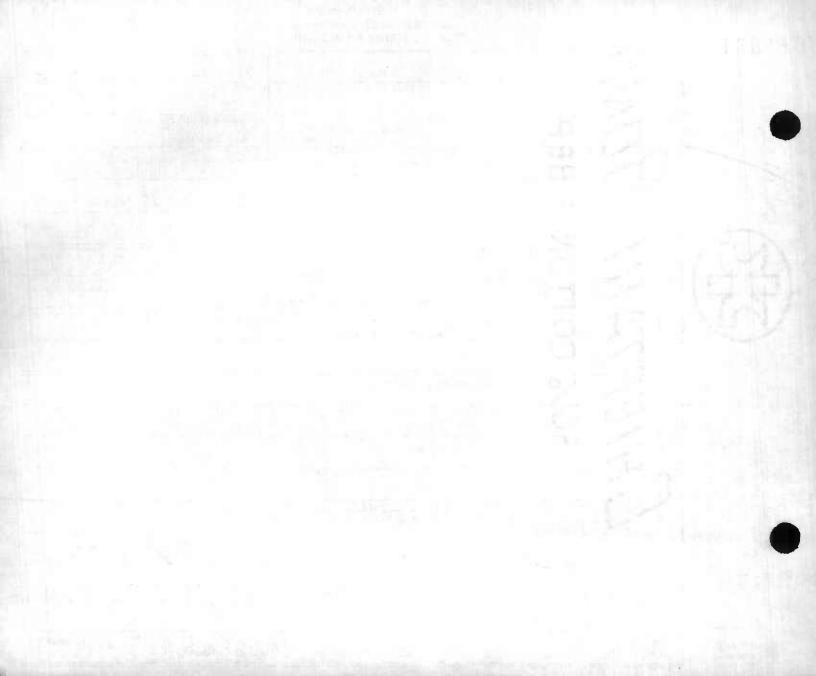
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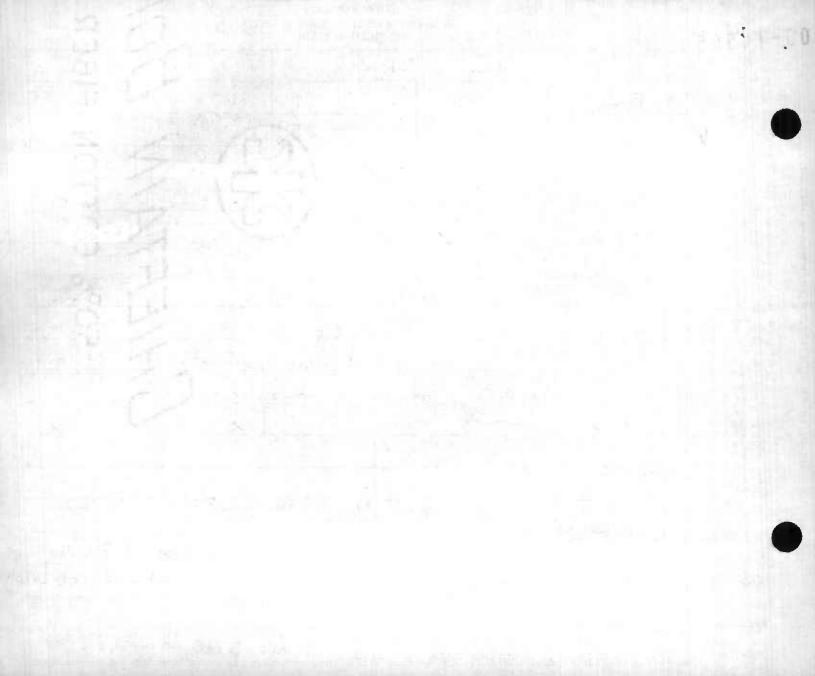
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00-15591	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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- FF 0 54 5		saw the deceased all above, (I) (we) (did) (the not)	view the body ofter death	, and that in (my) (our) apinior	death accurred on the date and he	our and from the causes stated
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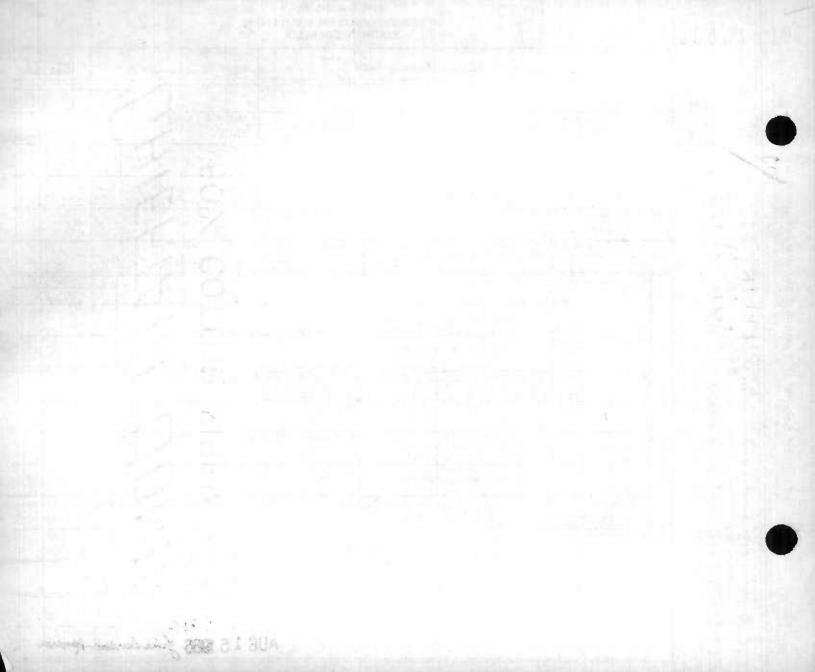
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or house	Fee		226 SIGNATURE	2			DEGREE	MEDICAL STAT		DATE SIG	NED
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DHMH - 16 60/	W 7/84		JNERAL DIRECTOR		4.0.0.04009655	, .	25a. DATE	REC'D. BY REGISTRAR	Sb. REGISTRAR'S		ngi-alila
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ge 4 may ector, por rs ofter d	3. SEX Fende	Cancasian	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) VRS.	IF UNDER LYEAR IF UNDER 24 HR MON INS DAYS HOURS MIN
P. T. S.	6 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTY	MARRIED. VEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH
s ofter d	W CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Homemaker	126 KIND OF BUSINESS C INDUSTRY
24 hour	UNAL RESIDENCE (IF NURSING MONE)	OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 134. CITY OR THE		13 STREET ADDRESS / ZIP COD	ere 21208
with a	FATHER'S NAME FIRST	MIDDLE 18 Traid	15 MOTHER'S MAIDEN NA		LAST
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BP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Cremation		30 NAME OF CEMETERY OR CREMATORY Westview Crematory	23d LOCATION CITY OR TOWN Catonsville B	county state altimore MD
DHMH - 16 60M 7/84		g Byers Funeral	Directors, Inc 250 DA	TE REC'D. BY REGISTRAR 25% REGIST	



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Her of	3. SE	(4 RACE		5. DATE C	F BIRTH	YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	FUNDER 1 YEAR	HOURS MIN.
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NG PHY NGONdi- frer this os the bir th and M	WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, O	FFICE FARM, ETC)	21f LOCATIO STREET			RIOWN	COUNTY	STATE
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ABEDS RAL DIREC detached tate Dept.		226. SIGNATURE	3. Ke	me	en o	D P	TTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🖫	8/1	SIGNED
TO HOSPITAL OR A REAGED TO FOUNERAL DIRECTOR A Should be detached with the State Dept.		Walter N	Kevi	nan	1677	22e ADDRESS	Johns	Hopkin.	s Hos	p. tal	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-16842 DECEASED NAME O DATE KNOWN X MONTH TTYPE OR PRINTI ESTI-WALKER DEATH MATED \$\Begin{array}{c} 8-29-86 \end{array} JAMES AGE (IN YEARS | IF UNDER 1 YR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d. HOUR YEAR PRONOUNCED **Black** 25 65 21 Male 8-29-86 6:16Pm DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Baltimore City 10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 1000 blk. W. Pratt Street SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONIL Baltimore 13d INSIDE CITY LIMITS? 2820 Oakford Avenue Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Pernel ELaine Walker Johnson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 16b SOCIAL SECURITY NO. Elaine Butler 2820 Oakford Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Multiple quishot wounds of head and chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER. THIS CER...
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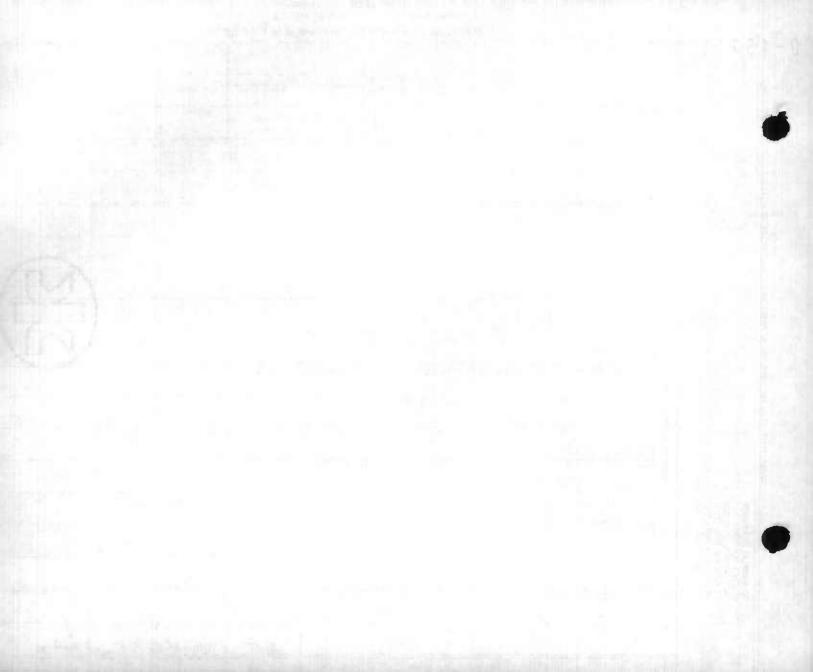
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** OF TO YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR subject shot CONTRIBUTING CAUSE OF DEATH 211. LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, PAGE 4 SHOULD BE FORWARDEE
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) Balto., Maryland WHILE AT WORK 1000 blk. W. Pratt St. street Autopsy 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Inquiry Hamicide X death resulted from Undetermined manner TITLE (SPECIFY) DATE SIGNED 8-30-86 Assistant MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 286. DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore, STATE BURIAL 9/3/86 Baltimore Cemetery Md. 07/84 25AA 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE whice Dayston-Manglette **DHMH** - 17 March Funeral Homes 11001 East North Avenue (VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Walker Robert Monroe 19 86 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED **Black** 6 22 Male 16 64 DEAD P YRS 19 86 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISTATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U.S.A. Baltimore City, WIDOWED DIVORCED ID 3 TO THE TAIN PAGE ULD BETFILED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS N/A Baltimore Johns Hopkins Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1710 E. Lafayette Ave. 21213 13a STATE 1136 COUNTY 13d INSIDE CITY LIMITES? Maryland Baltimore YESXX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE EIRST LAST Banks Hallie Rogers Walker 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) 231-22-7019 YES Delores Walker 1710 E Lafayette Avenue ical Examiner Along Wi' a Burial - Transit Permit. F H and Mental Hygiene, Di Mation, or Removal. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY Arteriosclerotic Hypertensive Cardiovascular Disease IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A EOF HEALTH E. TITLE TR. WRITING THE WORK R. PAGE 3 SHOULD BE USED A R. PAGE 3 SHOULD BE USED A R. STATE DEPARTMENT OF HEA ESTATE OBLORY TO BURIAL, C 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE EXECUTE THE CERTIFICATE, WRII PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I 22a. I certify that I took charge of the remains described above, held an and in my opinion Natural causes X Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 8/10/86 Assistant MEDICAL EXAMINER SIGNATURE SALTIMORE, EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. TYPE OR PRINT 23e. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE BURIAL 8/15/86 Garrison Forest Veteran Owings Mills, 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Homes 1101 East North Avenue (VR A15 ME (5))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TYPE OR PRINTS Eugene LAVERE WALLACE AUG. 24, 1986 9:33 Am 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF LINDER I YEAR IF LINDER 24 HRS 3 SEX MONTH 1916 March Male Caucasian To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY New York BALTIMORECITY WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mechanic Government BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 21014 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Harford 2006 S. Fountain Green Rd Maryland Bel FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wallace Belle Jennie MacAfee 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT YES NO OR UNKNOWN) .46-26-3494 Catherine Wallace as above same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lige for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ENCEPHALOPATITY PSTATUS EPILEPTCUS Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying DISORDER couse FIEURF DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o CERTIFICATION prior 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER P.M 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, PARM, ETC.) NOT WHILE 220 Certify that II (thu haspital attended the deceased from about the following and view the body ofter death 86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 776 BICHLAFTRE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF Should be detor with the State [MPORTANT: If PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Cremation Carroll Crematory BP. Hampsteadc.C 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 Gladden Kurtz Jarrettsville, Md. (VRA 15, 4)

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STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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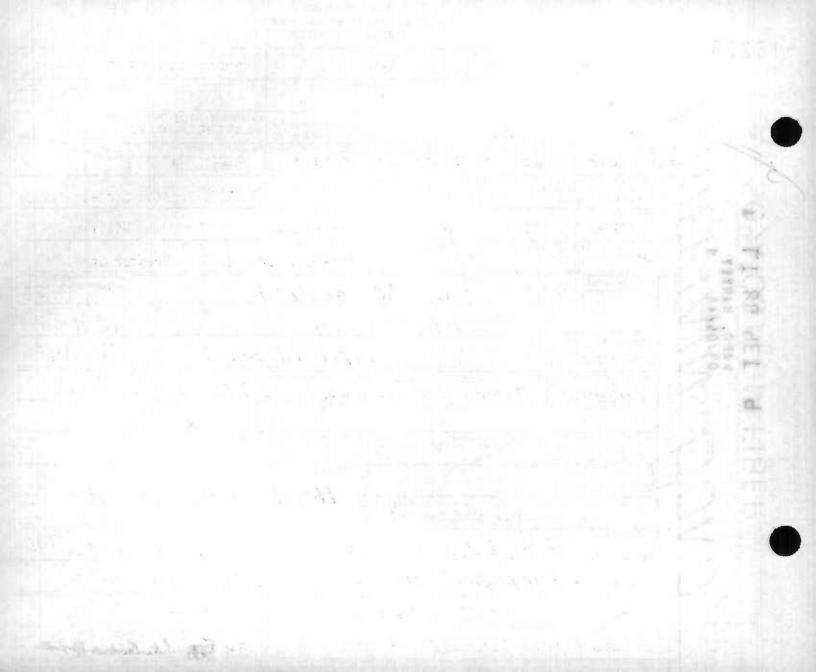
- 1.	REGISTRAR				CERTIF	ICAIE OF	DEATH	REG. NO.		
	PECEASED NAME	FIRST	^	MIDDLE		AST		20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
		Arthur	Ra	alph	Wa	1ton		8/30/86		
3 S	EX	4	RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE	HOURS A
	Male		Blac	k	3	6	1904	82 YRS.		
70	BIRTHPLACE (STATE O	OR FOREIGN 76		WHAT COUNTRY	Y? 8.	X NEVER	MARRIED -	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
10		abama	US	A	WIDOWE		NORCED	Balto. City		
10	CITY OR TOWN OF	EATH 1	1. NAME OF H	HOSPITAL, NURS	ING HOME C	OR OTHER INS	TITUTION	Barber Most of Working L	12b. KIND	OF BUSINESS
4	Balto.		1100	Penna.	Ave.		m	Barber		
130	Md.	13b COUNT	THER INSTITUTION	13c. CITY OR TO Balt	ORE ADMISSION)	13d INSIDE	CITY LIMITS?	1 100 Penna. Ave	.212	201
14.1	FATHER'S NAME			LAST		15 MOTHER	'S MAIDEN NA	ME		AST
CYC	Unknown	WI	DDLE	LASI		Unkr	nown	MIDDLE	L	451
160	WAS DECEASED EV			166 SOCIAL SE	CURITY NO.	17 INFORM	ANT	ADDRESS		
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/ F		ATH (Enter only	ane calke her	line for (a) (b)	and (c)				APPRO	XIMATE INTERVAL
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CERTIFICATION	IVA DATE OF OPE							YES NO Y	IFYING CAUSE	
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	22b. SIGNATURE	O. K	Inn	ous		DEGREE		MEDICAL STAFF DIRECTOR PHYSICIAN	9/-	3/8
	MOW	NAME (TYPE OR	PRINT)	mo		190	00 É	. Worther	Pu	ver 7
230	BURIAL, CREMATIC		23b. DATE				CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	TATE
	Buri		9/3/8	86	Mt. Au	burn C	emetery			Mo
/84 24	FUNERAL DIRECTOR			ADDRES	5		250 DAT	TE REC'D BY REGISTRAR 256 REGIS	TRAR'S SIGNA	ATURE
-	William C	Brown		1206 W.	North	AVE	0	1300		

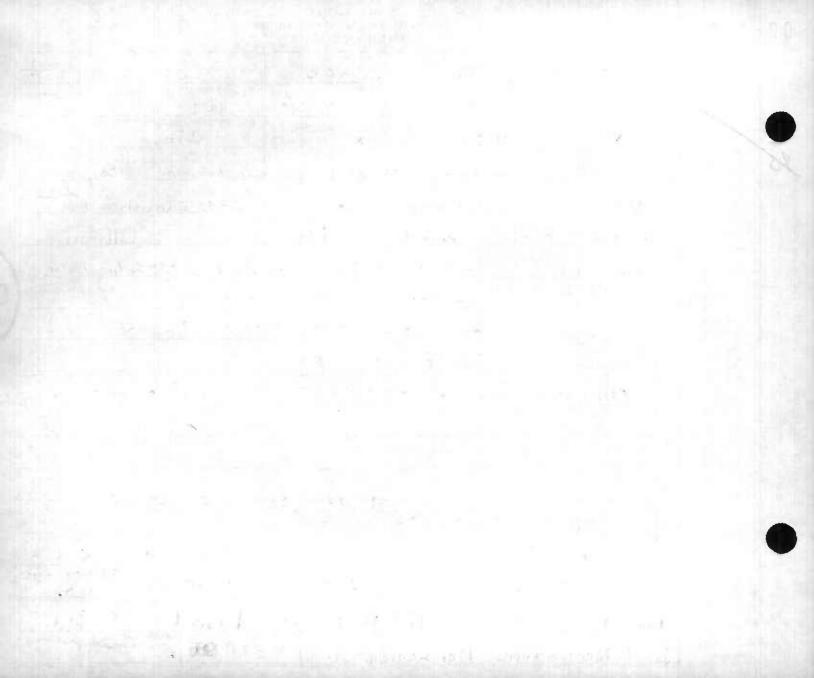
DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE William F. Wampler, CERTIFICATE OF DEATH REGISTRAR REG. NO 2g. DATE OF DEATH 26. HOUR DECEASED NAME MONTH (TYPE OR PRINT) WILLIAM 4 RACE & AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS 3 SEX YEAR BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Md. USA WIDOWED DIVORCED | Baltimore City 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IRS Agent Balto. Sinai Hospita Fed. Gov't. ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 31 COUNTY 13t CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Harford Belair Md. 704 E. MacPhail Rd. Belair NO K IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Md. , 21014 MIDDLE William F. Wampler Mary Boyko 166 SOCIAL SECURITY NO 17 INFORMANT Yes 214-26-1683 Jane H. Wampler (wife) Korea same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic ARDIO DULMONARY PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF CANCEL RENAL Canditians, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE 22a 1 certify that the (this hospital) attended the deceased from saw the deceased alive an __, and that in (my) (aur) apinian death accurred on the date and have and from the couses stated abave, (1) (w. (did) (did of) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL I PHYSICIAN T DIRECTOR PHYSICIAN 22e ADDRESS COHEN 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE Gardens, Belair, Md. 8/7/86 Belair Memorial Burial BP 14 FUSCHIMUNEK Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 9705 Belair Road, Balto., Md. 21236 (VRA 15, 4)

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STATE OF MARYLAND





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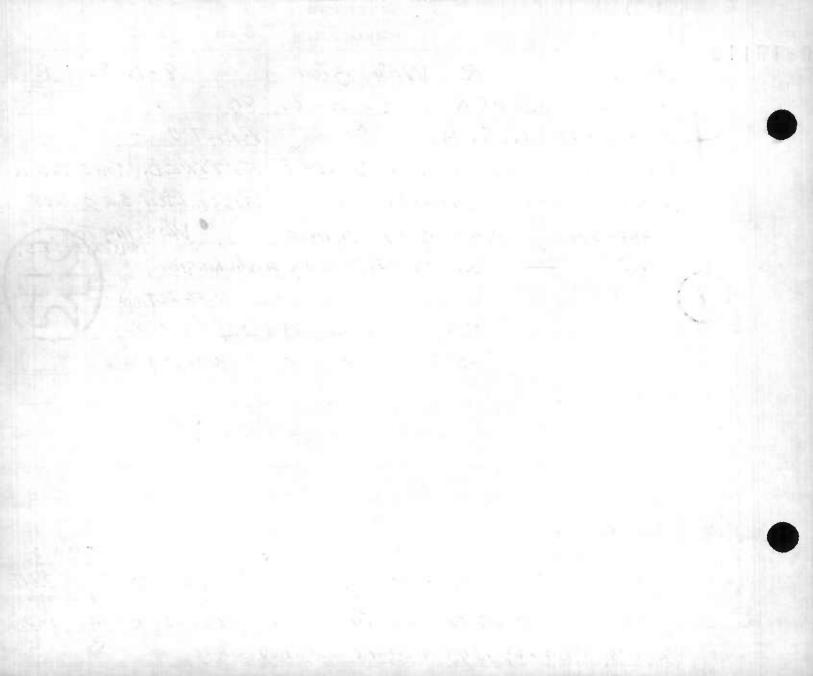
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r de	3. SE		4. RACE	WARREN 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
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nd con dicold		WAS DECEASED EVER IN U.S. ARA				not Hats Med
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DIRECTORE DEPT.		22b. SIGNATURE		DEGREE		22c DATE SIGNED
= 0 0 0 ±		M. Nouir		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/19/86
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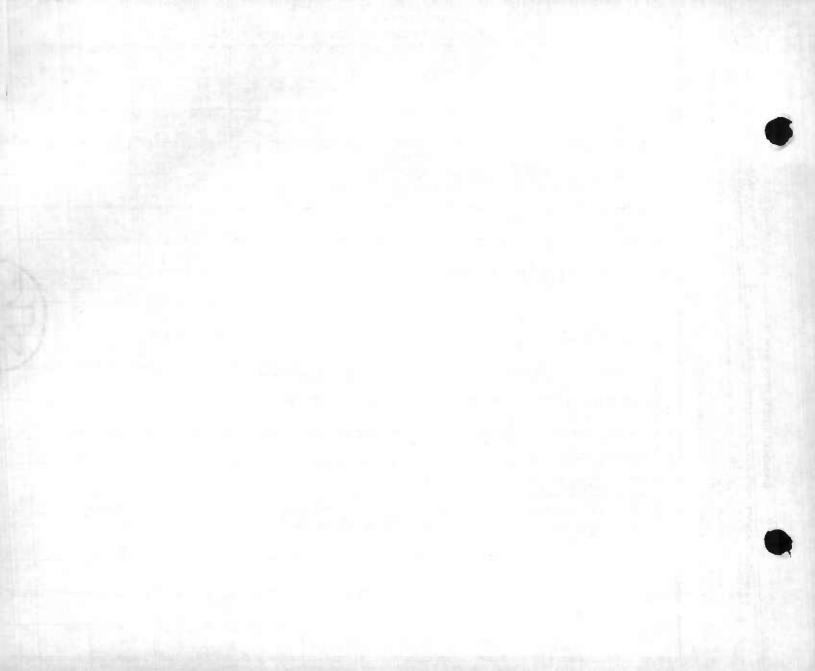
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ge 4 mo	3. SE	MALE	1. RACE BLACK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B IDAY)	MONTHS DAYS HOU	URS MIN
2 62 /8/7	7a B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
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hos bee permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOI	R WHICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS UT THYING CAUSES OF D	DEATH?
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HYSICIA ading pl nis certif buriol-t I Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJUR	19 211 LOCATION			
1 6 6 7	ME	WHILE IN NOT WHILE I	(AT HOME, STREET, FACTOR		CITY OR TOWN	COUNTY	STATE
or offer the os the olth one morked			Table and adoption of a second	509	2 8 29	10 8/2 1	
ATTENCE Spitol of Head of Head		22a.1 certify that (I) (this hosp sow the deceased alive on	8129	19 MA and that in (my) (our) opinion	death occurred on the date and ha		(I) (we) li
		obove, (I) (we) (did) (did no	ot) view the body ofter deo	th. DEGREE		224 DATE SIGN	
the hortoched		600	tale N	MAN ATTENDING	MEDICAL STAFF	0120	101-
HOSPITAL ned by th FUNERAL JId be dete the Stote	+	22d RHYSICIAN S NAME THE	or sales	PHYSICIAN 22e. ADDRESS VZ	M SOCIONO	HOSPITAL	180
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of of S A M	23 a.	BURIAL, CREMATION, REMOVAL	123b. DATE	23c. NAME OF CEMETERY OR CREMATORY	123d LOCATION	- 01, -1	
BP		(SPECIFY) Burial	9/3/86	Cedar Hill Cemetery	Anne Arundel	CONTY	MdIE
	24 F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE	
DHMH - 16 60M 7/84 (VRA 15, 4)	Ma	arch Funeral Home W	est 4300 Wabash	ADDRESS AVEnue SF	P 2 1986 Julian	Davidson-Sjana	سالا

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OPDERTH REGISTRAR L DECEASED NAME 2a. DATE KNOWNXI MONTH LTYPE OR PRINTI OF ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS LW. IPRESTON STREET, PEARL WASHINGTON 8-24-8619 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED 23 1926 60 female black DEAD 8-24-86 19 8:59P 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Md X Baltimore City WIDOWED DIVORCED B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Unemp To yed Maryland General Hospital Baltimore RETAIN PA 13e STATE 13b COUNTY 13d INSIDE CITY LIMITS? 1020 W. Lanvale Street 21217 Baltimore Md YES X NO 🗌 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME AUDDI F MIGGLE FIRST FIRST Holland William Gittings Sarah DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS IYES, NO OR LINKNOWNS 212-22-5914 Belma Scott 4205 Fords Lane No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CHITIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WE FOR INTERPROPER A SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER IDEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIBALTIM GE MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Hypertensive arteriosclerotic cardiovascular PYPESSORYSPASSORYSPASSORY Conditions, if any, which (h) disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 38 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 218 PLACE OF INJURY TATHOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK AT WORK NOT WHILE 22a. I certify that I took charge of the remains described above, held an Natural causes X death resulted fram: Undetermined manner TITLE (SPECIFY) PA8-25-86 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. TYPE OR PRINT 111 Penn Street 23e. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY SME Cremation 8/26/86 Westveiw Memorial Park Catomsville 07/84 BP 25M 24 FUNERAL DIRECTOR 25e. DATE REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Home Westporess4300 Wabash Avenue (VR A15 ME (5)) b



16/80	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	2 9 0 8
oge 3 color		CEASED NAME OR PRINT)	ta (Lottie) Theresa Waszak 20. DATE OF DEATH MONTH	- 23 -86 12 PM
mo effer. po	3. SE	Female	White S DATE OF BIRTH MONTH DAY 12 25 YEAR 66	IF UNDER I YEAR IF UNDER 24 HRS
1 16 36		RTHPLACE (STATE OR FOREIGN Anyland	U.S.A. WIDOWED XX DIVORCED BALTIMORE CITY OR COL	ity MD.
7		Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Recy Hospital 120 USUAL OCCUPATION (TYPE GROOM, FOR MOST JOE WORK)	ing Life) 12b. KIND OF BUSINESS OR INDUSTRY Vational (an
muss be	130	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY HOR CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP. 416 South (L.	cool inton Street 21224
	14 F/	Alexander	Rostkowski Anna MIDDLE	Skapunčiski
Poget f		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS VE WAR OR DATES) 213-09-5083 Geraldine P. Blasetti 614	South East Ave 212
quies, that the death cert isgue to the control that bloom is one cation to build, confution, or re- injury, or other countriblics	NO	Canditions, if any, which gove rise to immediate cause (a), stofing the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (b) Chronic Obstructive lung desease DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	> 10 years
The low ration.	CERTIFICATION	190 DATE OF OPERATION	YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
PHYSICIAN: T	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR	M 18 PART I ORPART 2} COUNTY STATE
ATTENDING spital or oth CCTOR. After Use as the office of Health ar of Health ar of Health ar no 21 is marken		sow the deceased alive or above, (1) (we) (did) (did no	nital) attended the deceased from, 19, to	
TAL OR by the hore and by the hore detoched from Dept.		226. SIGNATURE VILLE 226. PHYSICIAN'S NAME (TYPE OF	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN OR PRINT; 270 ADDRESS	220 DATE SIGNED 8/25/86
TO HOSE stranged to Fund the with the IMPORTS		URIAL, CREMATION, REMOVAL	O - O C - C - C - C - C - C - C - C - C	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JNERAL DIRECTOR	8-28-86 Sacred Heart of Jesus Dundalk Bal 250. DATE REC'D. BY REGISTRAN 250 PA 250. DATE REC'D. BY REGISTRAN 250 PA AUG 27 113 June	to Co Md.

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LEROY O. DYETT 4600 LIBERTY HGTS AVE.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

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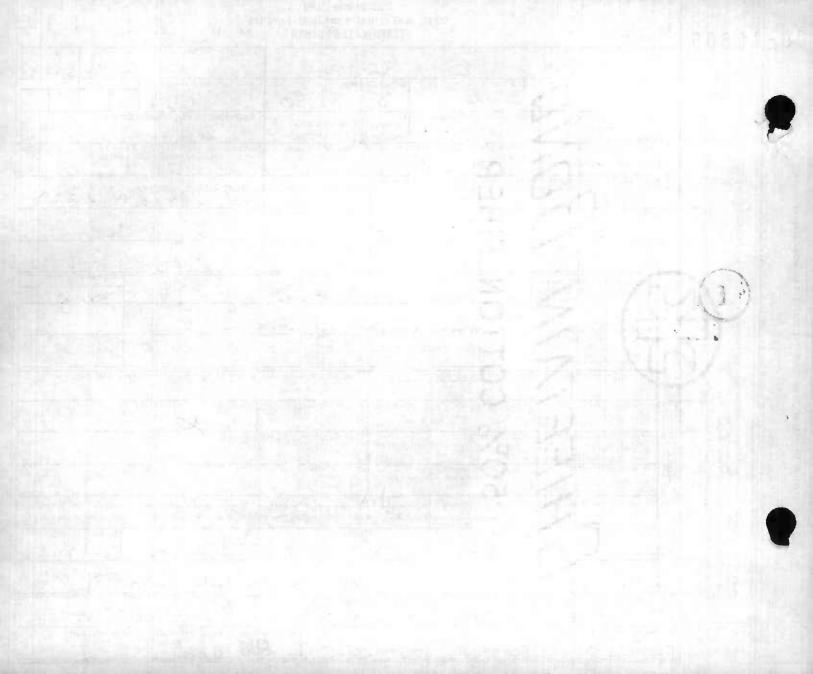
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5 10 H	BZ	ALTIMORE	1	OPKINS HOSPITAL	Typist	Newspaper
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		AS DECEASED EVER IN U.S.		CIAL SECURITY NO. 17 INFORMANT	ADDRESS	
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and		Conditions, if any, which gave rise to immediate		JE WHILLIAN &	3 ()	- 56616)
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir rattending physician. When this certificate box seen sign as the buriol-transit permit. Then th and Mental Hygiene prior to backed or fem. It shows any injury orked or fem. It shows any injury	CERTIFICATION	190 DATE OF OPERATION		R WHICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
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TAL The horizon	1 2	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY			YES NO
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MHYS and Man	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR	RY 211 LOCATION	CITY OR TOWN	COUNTY STATE
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Olivian Afrancon north			ospital) attended the decease	od 6 (2.7)	26 . 8/25	10 6 6 that (I) (we) last
He Se	1 1				opinion death occurred on the date and he	, , , , , , , , , , , , , , , , , , , ,
Spirit Sp			an 8/25 d not) view the body after dec	oth.	philon dealth occurred an the date and the	
OR or he		22b. SIGNATURE	se Mo	DEGREE		22c. DATE SIGNED
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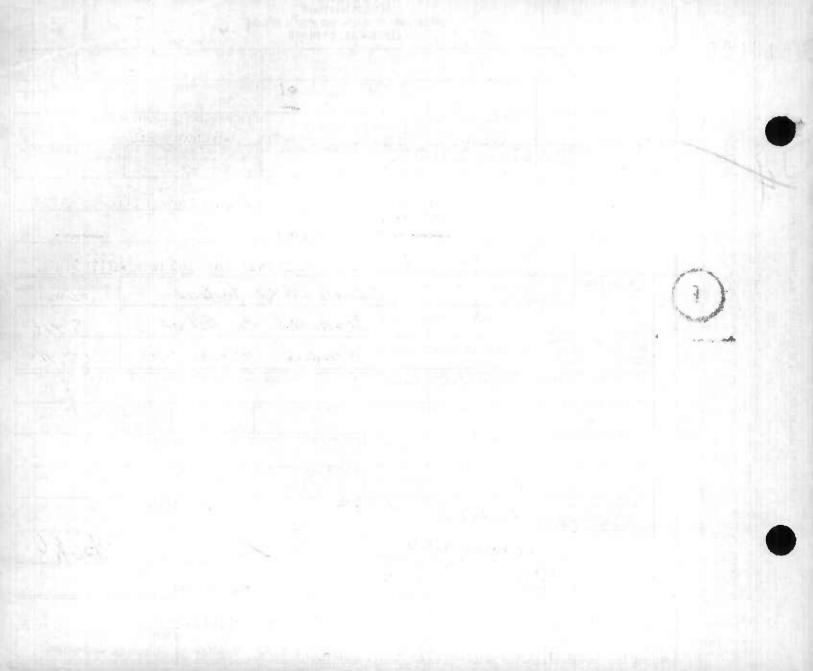
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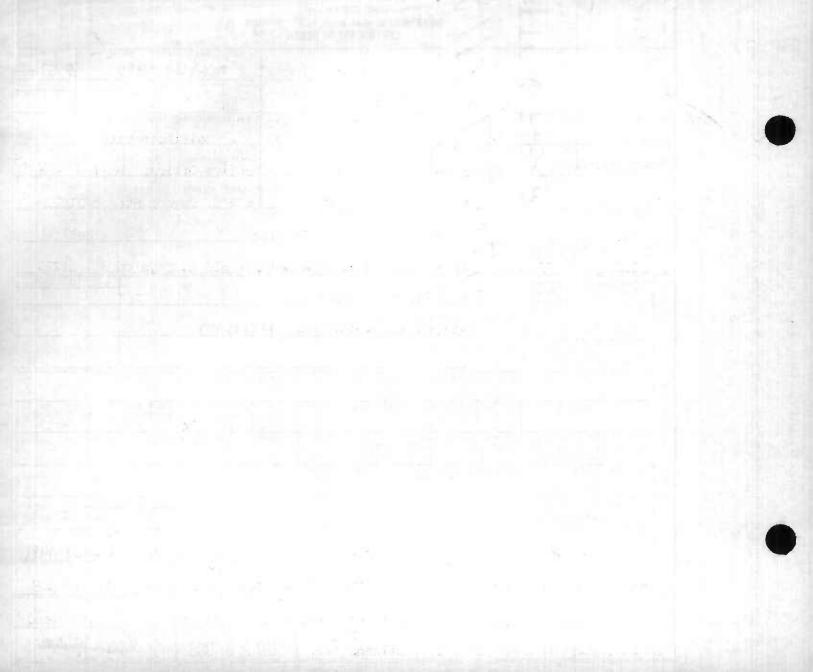
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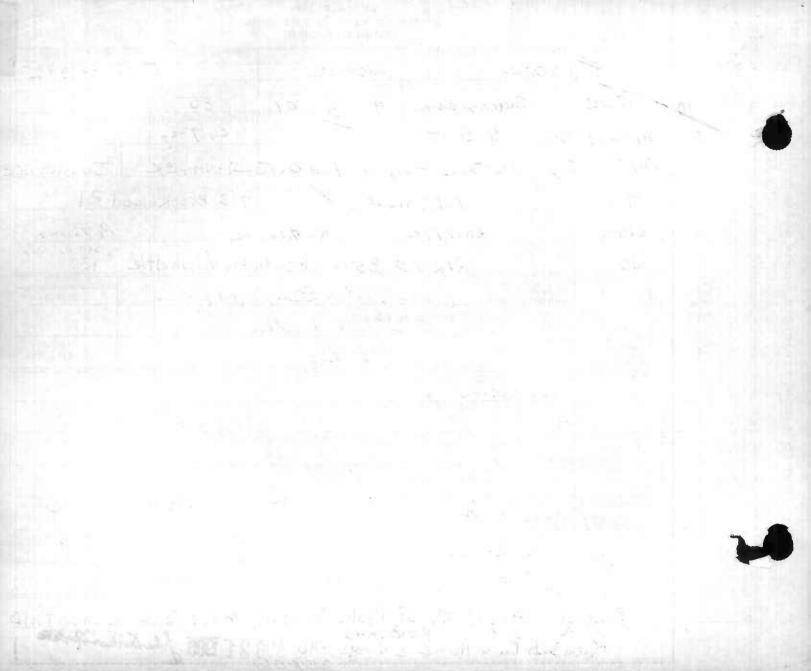
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he low r bon. hos bee t permit.	ows any	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	RMED	200 AL	TOPSY?	INC	IF YES, W ERTIFYIN YES	IG CAUSE	INGS USED IS OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2. OR PHYSICIAN: The low requires that the death certificate be executed within 24 in orderating physician. When this certificate has been signed by the pittending physician and completely filled on sithe buriel-transit permit. Then please renow completely filled on sithe buriel proper prior to buriel, crempine.	00		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEA	TH HOUR A.		DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER	NATURE OF I	NJURY IN ITE	M 18 PART	OR PART 2)	
G PHYS offending for this of the burner ond Me	ked or h	MEDICAL	214 INJURY OCCUR	RED HILE	21e. PLACE	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	NC		CITY O	RIOWN		COUNTY	STATE
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the hosp L DIREC L DIREC	If Item		22b. SIGNATURE	0	MILLS	FSES M	.D.	DEGREE	ATTENDING PHYSICIAN	MEDICA	AL S	TAFF			E SIGNED
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5 5 5 4 3	₹-	23a. B	URIAL, CREMATION		ACCOUNT	IT NO. 7		EMETERY OR		23d. LO	CATION				
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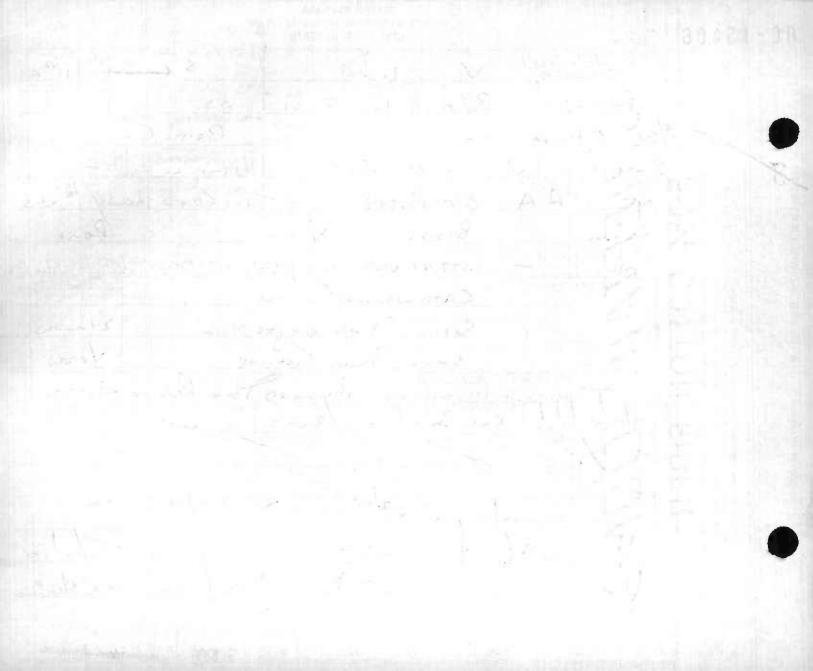
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dio				WAR OR DATES)	100 SOCIAL SI	ECURITY NO.	17 INFORMA	(N)		ADDRESS			
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ber ber	TE.								VECT		CERTIFY	ING CAUSES	OF DEATH?
Hygie 8 sho	18	210. ACCIDENT WAS UNDER	RLYING	21b. TIME O	E IN JURY		121r HOW IN	ILIPY OCCUPE	YES P	101	YES		NO 🗌
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TIW	S. Poge		20	212-1	0-3511 ElizAD	eth V. Wh.	eltle	13	
BAL	physician physician poper smovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), o	and iciti	0000		BETWEEN	IMATE INTERVAL ONSET AND DEATH
ST.,	g ph anp			E CAUSE (0) Upp	a gastroutester	a bleede	3		2 Hours
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× ×	or the se rer crem other		couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEO	UENCE OF Low			1	montet
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ECORD	been mit prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
AL RE	he lo	TIFIC	NA			YES NO	IN CERTIFYING		NO [
VII.	tronsit Hygie 18 sh	CER	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
9	tySICIA ding ph is certifi buriol-tr Mentol or frem	CAL	OR CONTRIBUTING CAUSE OF DEA	· · · · · · · · · · · · · · · · · · ·	19				
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- 40	Spitol CTOR Ifor us of He		oboye, (N)(we) (did) (did no	1) view the body after death	, and that in (my) (our) opinion	death occurred on the do	e and hour on	d from the	couses stated
-	Diff. Diff. Dept. If Hen.		226 SIGNATURE	,01	DEGREE			22c DATE	SIGNED
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de de	off of our		Conditions, if any, which gove rise to immediate	(b) <u>Sel</u>	12:2	Man Bocy	AILIP D	24200	25
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2			REMATION, REMOVAL	23b. DATE		TERY OR CREMATORY	236 LOCATION	1. No. 4. No.	7
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	PLEASE RECTOR. R FILES. HOURS STREET,	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE	IN YEARS IF UN	DER 1 YR. IF UN	NDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d HOUR
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	DIVISION WRITING WARRED PAGE 3 STOOL PRO	7 3	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		00 W. Be	lveder	e Ave, Bal	timor	e City,	MD.
	ATE, WISTON OR PAGE	Poster-				4 1 1 1 1 1		[T]					200
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	SER BELL	-	death result	ted fram: Nati	ural causes .	Accident X,	Suicide 🔲	, Hamicide L		ermined manner	,		
. 19	EXAMINICATE CERTIFICATION BE FOR THE CONTRACT OF THE CONTRACT		ACTUAL	1/		of	_	TITLE (SPECIF			DATE	0/11/	0.0
- 1	A HE SEE HE	- 7	SIGNATURE,	111	-	4	M	D. ASSIS	tant MED	ICAL EXAMINER	SIGNE	8/11/	86
	MEDICAL E ECUTE THE C NGE 4 SHOU S FUNERAL D FTER DEATH,	/	EXAMINER'S (TYPE OR PR)	NAME 1	William M	. Zane, M	.D.	ADDRESS 11	l Penn	St. Balt	o.MD.		
	TO M PAGE PAGE AFTER BALTI	730		TION, REMOVAL			F CEMETERY O	ADDRESS.		CATION			
42			SPECIFY)	/	8/ 1+1	86 An		165	CITY	PRIOWN FO 1	73090	12 2	7
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Enter Forest Albeit 1998 B. J. AUA. Learning and The Landing Co. Co.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-81657 1 - STATE MEDICAL EXAMINER REG. NO I. DECEASED NAME 20. DATE KNOWN MONTH 76 HOUR LTYPE OR PRINTE OF ESTI-LESSARY, PLEASE NERAL DIRECTOR. OR YOUR FILES. MITHIN 72 HOURS DEATH MATED 8 85 26 ROBERT WHITAKER 10 MONTH 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE 1;53 LAST BIRTHDAY) PRONOUNCED DEAD Male Black 13 27 59 26 10 86 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Pennsylvania U.S. WIDOWED [DIVORCED Baltimore City N PAGE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! ORINDUSTRY Repa ir Shoe 1501 Moreland Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2, AND 37 3. RETAIN 2 SHOUD F 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CLEMITAL 13e STREET ADDRESS 1601 Moreland Ave. 21216 Md. Balto. YES NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jones J. Whitaker Lavanna Frank 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT Ms. Loretta Adams Balto., Md. 166 SOCIAL SECURITY NO. IYES. NO. OR UNKNOWN) HE YES GIVE WAR OR DATES! 1946-52 220-14-6361 Yes CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Emphysema and carcinoma of lung gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last ED AS A BURI HEALTH AND AL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DÉATH, WITH THE STATE DÉPARTIMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BL 71g. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.I. STREET CITY OR LOWN WHILE AT WORK COUNTY STATE 220 I certify that I charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-27-86 SIGNATURE Charles P. Kokes, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 73c NAME OF CEMETERY OR CREMATORY COUNTY STATE 07/84 BP Remova. 8-26-86 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** 2222 Gula Davidon Mandalla ADDRESS (VR A15 ME (5))

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWNX 26 HOUR (TYPE OR PRINT) OF ESTI DEATH MATED WHITE 8-26-86 19 CARLYLE SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAYS PRONOUNCED 8-26-86 10 5:15P DEAD 23 63 YRS Male Black 6 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City WIDOWED [DIVORCED [U.S. S. Carolina 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore 213 N. Douglas Ct. (disability) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [213 Douglas Court 21231 Md Balto. NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE White Bessie Stevenson Sam 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) J. C. 721-16-0170 CAHOW WWI 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEA PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate THIS CERTIFICATE OF THE WORD "FENDING THE WRITING THE WORD "FENDING THE WARDED TO THE CHIEF MUSICAL EXAMINED TO THE CHIEF WITH AND MENTED THE STATE DEPARTMENT OF HEALTH AND MENTED TO BURIAL, CREMATION OF cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) NO 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? HEADPONLY) YESKIX NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 218 PLACE OF INJURY (ATHOME 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK COUNTY STATE PACE 4 SHOULD BE FORWARD TO FUNEXAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (BALTIMORE, MARYLAND, 21201 228 I certify that I took charge of the remains (HEADatONThuyd) at Autapsy Inspection and in my apinian Natural causes X death resulted from: Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE 8-27-86 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BUCIA 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 NAME the Davidson Randalle (VR A15 ME (5)) 1206 W. NOTh klm.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE AUG 29 1986

Julia Davidson-Andres

7	FOR STATE REGISTRAR	DEP		LTH AND MENTAL HYG ATE OF DEATH	IENE 6 2 2	920
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE A.	WHI	TE	20. DATE OF DEATH MONTH	26/86 6 AA
	3 SEX	4 RACE	5. DATE OF E	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Female	White		17, 1894	92 YRS.	
2	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	BALTIMORE CITY OR COUNTY	Y OF DEATH
7	MD	USA	WIDOWED	DIVORCED [Baltimore (City MI
K	Baltimore	11. NAME OF HOSPITAL, NU (# NOT IN SUCH FACILITY, GIVE S 3811 Canter			12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LI Homemaker	176 KIND OF BUSINESS OR INDUSTRY Own Hom
5	OSUAL RESIDENCE (IF NURSING HOME OR 13a. STATE 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE IN 131. CITY OR Balt	TOWN 113	LINSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP COD 3811 Canterbu	Fry Rd., 21218
1	Albert	MIDDLE Cover		MOTHER'S MAIDEN NAM	MIDDLE	aiger
-	160. WAS DECEASED EVER IN U.S. AR		SECURITY NO. 17	INFORMANT 3	00 Catheonal S	treet
	(YES, NO OR UNKNOWN) (IF YES, GIV	ve war or dates) 216-0	9-8114	J. Cookman	Boyd, Balto.	. MD 2120
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI (c) CONDITIONS CONTRIBUTING	EOUENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART LO
	o Presum	ed preumo	mieu			
2	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATION V	WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
1	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA OF ELEMENTS OF THE PROPERTY OF THE P	1	DAY YEAR	Ic. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF		If. LOCATION STREET	CITY OR TOWN	COUNTY STATE
			19_ 86 , and t		, to 3/26 death accurred on the date and had	19 , that (1) (see loss or and fram the causes stated
,	226. SIGNATURE		mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/26/86
	Dr. John W.	Bowie, MD		500 W. Univ	versity Pkwy.,	Balto., MD
	230 BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 9/2/86	Druid F	ETERY OR CREMATORY	Pikesville,	COUNTY MD STATE

21212

Henry W. Jenkins & Sons Co.

Balto. MD

DHMH - 16 60M 7/84 (VRA 15, 4)

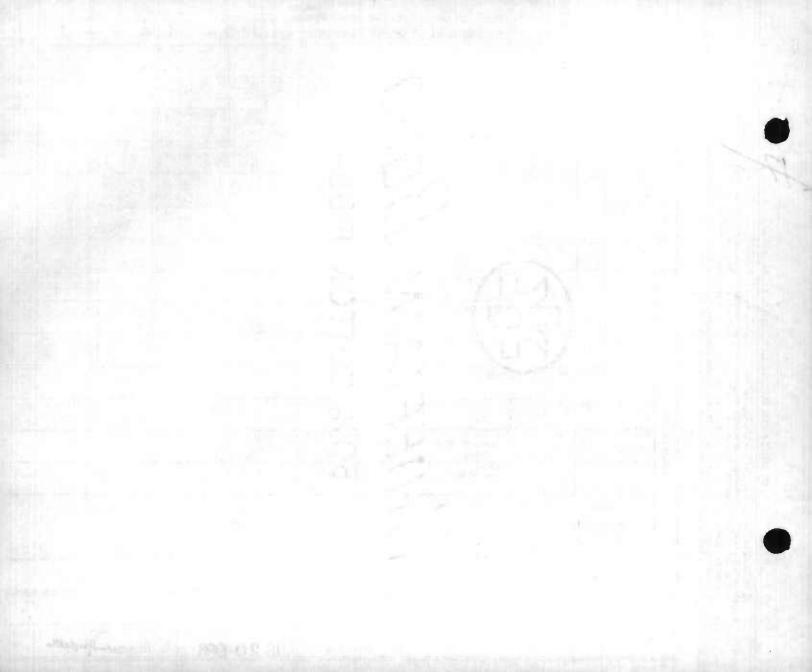
24 FUNERAL DIRECTOR

4905 York Road

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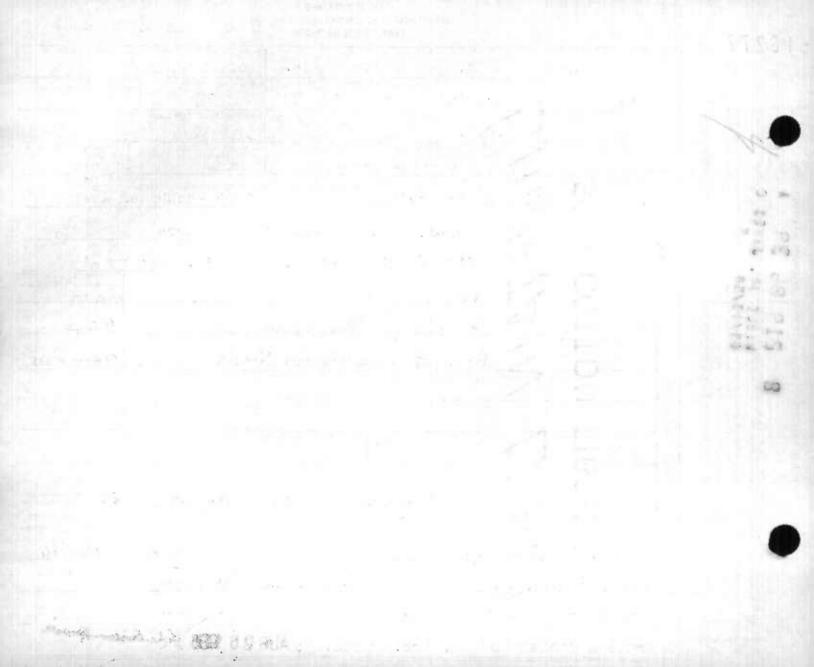
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thoo hero		Virginia	USA	4	WIDOWS		BAL	TIMO	ORE CIT	Y MD
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量 就 角的	14 FA	THER'S NAME				15. MOTHER'S MAIDEN	NAME			
11/100	/	PAUL	WIDDLE	WHITTA	KER	DORA		WIDDIE	61	1 FON
	Ióa. V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17. INFORMANT	7777	LATOS	SOak Rd.	
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		18 CAUSE OF DEATH (Enter or	nly one couse per	r line for (a), (b), on	d (c).(APP BETW	PROXIMATE INTERVAL
		PART I. DEATH WAS CAUSE	ED BY: .TE CAUSE (0)	CARDIA (C A	RREST				
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NG PHYSICIAN. The low requires that the death certificated physician. We have confidured by the outending by the outending by the outending by the burial-transit permit. Then please remove carbang the and Mental Hygiene prior to burial, cremation, or rent and Americal Hygiene prior to burial, cremation, or rent and active that is shown any injury, or other traumatic even	1	Conditions, if any, which	(1b)_	Squamous	cell	carcinoma o	f lung	Grade	211	
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gned gned nn ple burn burn '''y, o	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	ORCOND	ITION GIVEN IN PAR	T Iro
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s bee	CA	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU	
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OR Post Post Post Post Post Post Post Post		226 SIGNATURE	4 10 -	.1		DEGREE		-		ATE SIGNED
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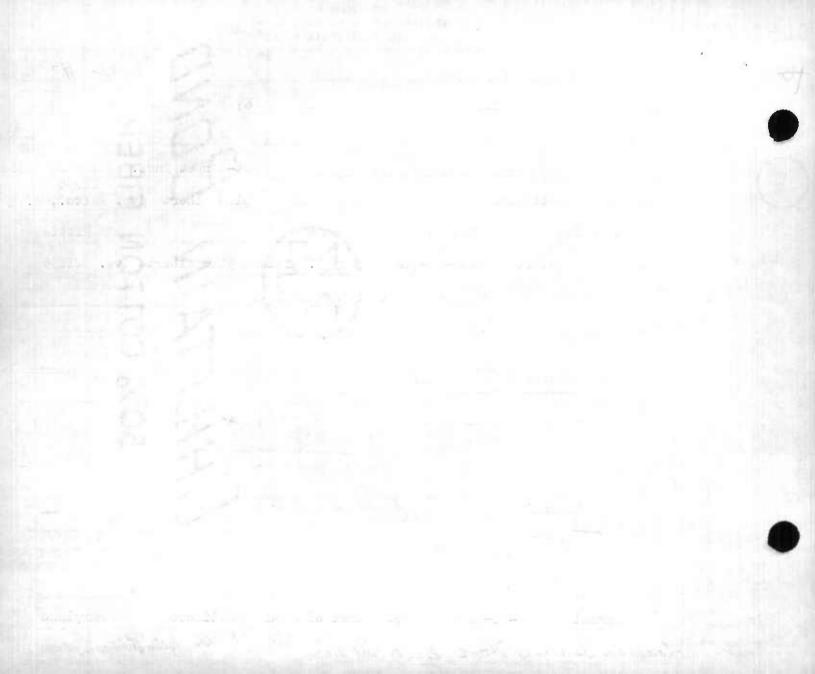
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			STATE OF MARYLAND		
7 7	FOR - STATE REGISTRAR	37	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	923
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST	Zu. Dr. i Co. Der i i i	DAY YEAR 26. HOUR
	JAMES	С.	WIBLE Jr.	AUG. 24,198	6 м
3. SE	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
-/	Male	Caucasian	13 58	27 YRS.	
7a. 8	COUNTRY	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
/	Maryland	U.S.A.	WIDOWED DIVORCED	BALTIMORE CI	
12	CITY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) INS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI NONE	12b. KIND OF BUSINESS OR INDUSTRY None
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	No	218-76	o-5312 James C. W	lible Sr. Same	
	18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b), (b)	and (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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otic		DUE TO, OR AS A CONSEC	UENCE OF		
100	Conditions, if any, which	(b) Preum	Despris Preumoni	0	3days
er +-	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	HIENCE OF		
6	underlying cause last		Immunodeficieny)	viruis	Approx 2905
امري، مر	PART 2 OTHER SIGNIFICANT C		D DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	VEN IN PART Trai
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
Shows RR TR					ES NO
-/ /	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LUCKIE A LA MONITHI	DAY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
3	(IF EITHER NOTIFY MEDICAL EXAMINER		19		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	E, FARM ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
e e		Iol) attended the deceased from	Aug 21 19 86	to AUG 24	19 86 that (1) (we) last
s is	saw the deceased alive an	AUG 24 19	CAT THE COMPANY OF THE PARTY OF	death occurred an the date and ha	
Heal	obove, (1) (we) (did) (did na 22b. SIGNATURE	t) view the dady after death.	DEGREE		226 DATE SIGNED
7	Mary Con	elli mi)	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8/24/86
1	224 PHYSICIAN S NAME (TYPE O	R PRINT)	22e ADDRESS 600	N WOLFE ST 21:	205 BALTO.MI
1	IMARY CORRE		JOHNS HOPK		
23a	BURIAL, CREMATION, REMOVAL		. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	Cremation	8-24-86	Security Process	Baltimore	Md.
	FUNERAL DIRECTOR		25a. DAT	E REC'D. BY REGISTRAR 7/8. PEGIS	RAR'S SIGN A UDCA
Cı	remation Soci	ety of Md. I	nc. Balto. Md AU	PSO 1990 ALWEST	

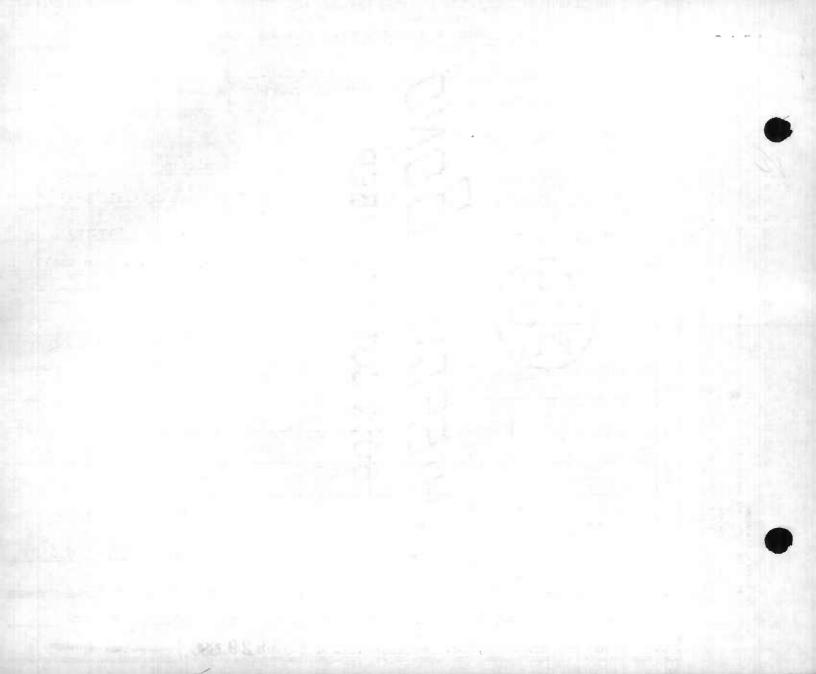


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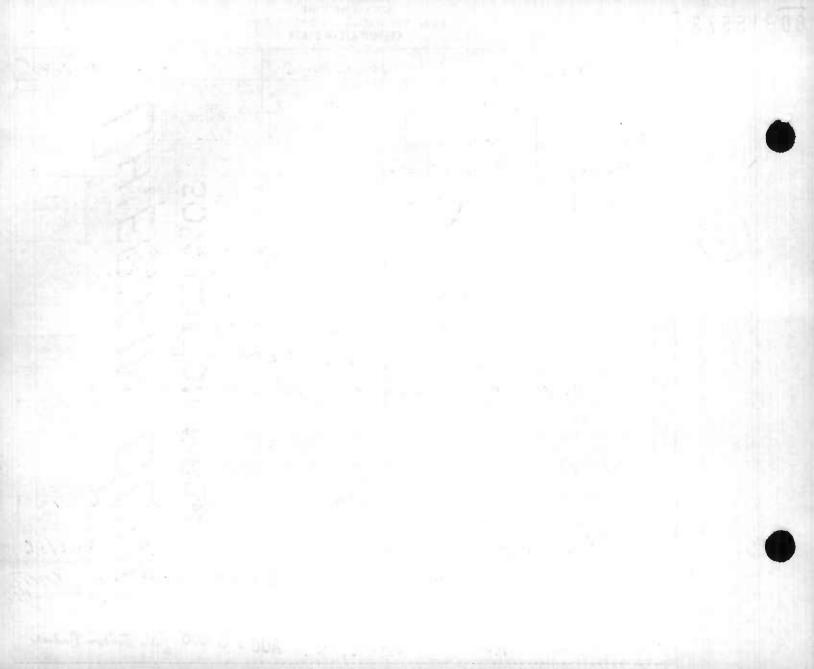


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFI REGISTRAR REG NO DECEASED NAME KNOWN X 2h HOUR LIYPE OR PRINT! ESTI-В. DEATH MATED Wiles , M.D Jane 19 86 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 2c. DATE 2d HOUR LAST BIRTHDAY PRONOLINCED PM June 13,1920 Female White 66 DEAD 28 19 86 TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY New York U.S.A. DIVORCED Baltimore City D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore 5220 Tilbury Way Physician ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDT CITY LIMITS? 113e. STREET ADDRESS 13c. CITY OR TOWN Erie 2374 West Oakfield Road New York Grand Island NO X 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDE John C. Brady Lelia Μ. Maguyre 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS 079-38-7271 Charles E. Wiles, Jr. M.D. Same as#13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebrovascular accident DUE TO, OR AS A CONSEQUENCE OF 3 SHOULD BE USED AS A BURIAL - TRANSITY DEPARTMENT OF HEALTH AND MENTAL HYG I PRIOR TO BURIAL, CREMATION, OR REMOVE Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Chronic obstructive pulmonary disease 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES NOX 212 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 TIE PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE IS BALTMORE, MARYLAND, 21201 220. I certify that I took charge of the remains described above, held an Autopsy death resulted Iram: Natural causes Accident Hamicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 8/28/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Sept.2,1986 St. Stephens Cemetery Grand Island New York 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204 was itendom yandeles (VR A15 ME (5))



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CTATE OF ALADYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

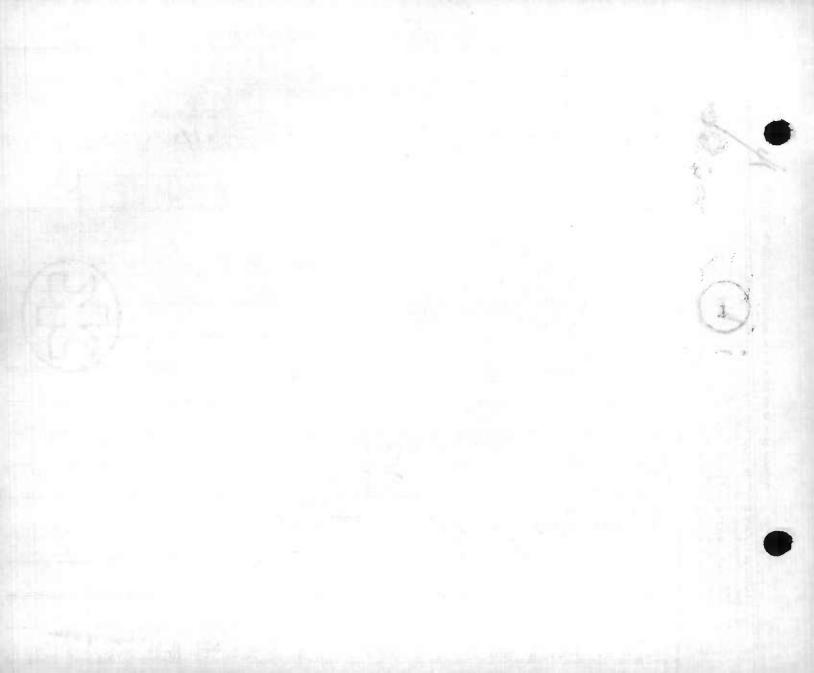
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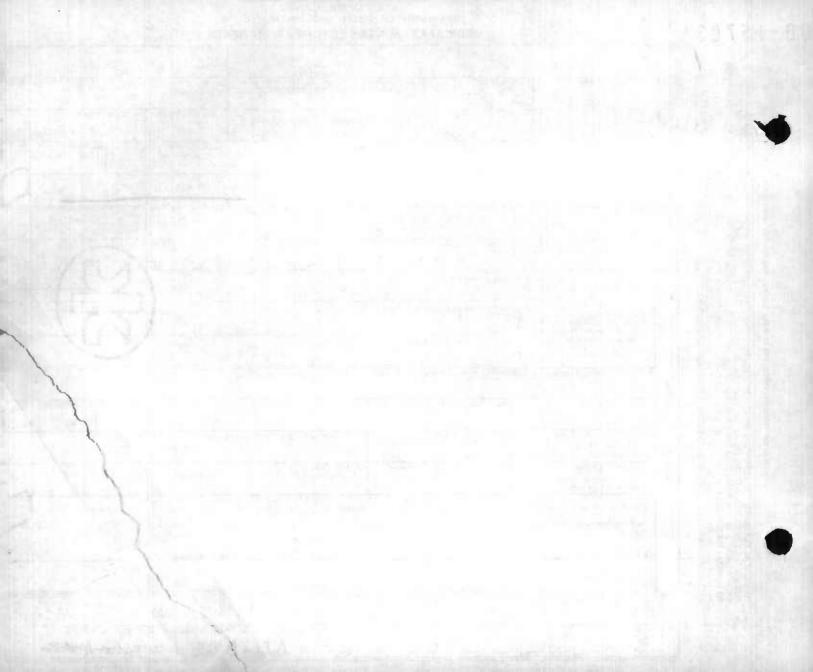
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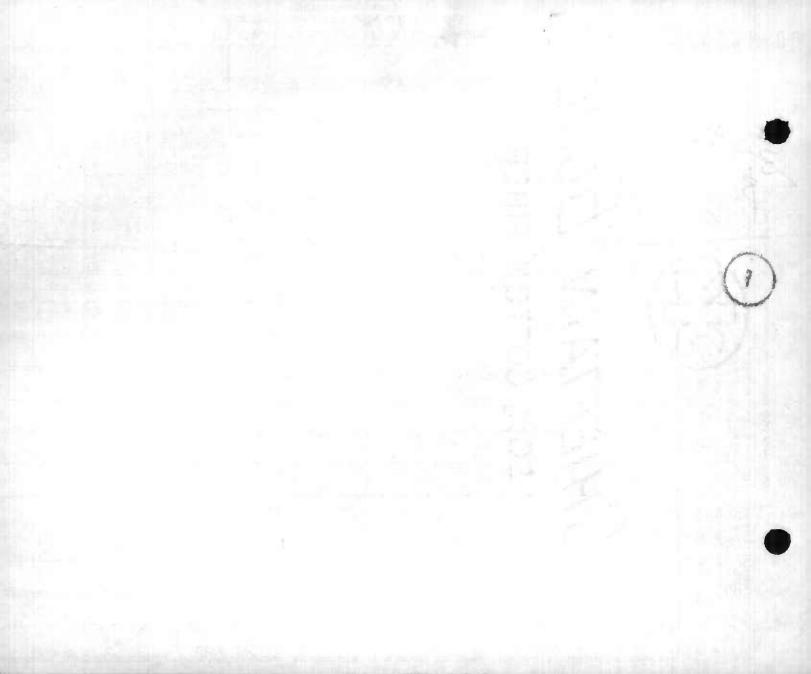
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 24 DATE KNOWN XX MONTH (TYPE OR PRINT) DEATH MATED Dante Williams 4 RACE AGE IN YEARS IF UNDER 1 YR. SEX 5 DATE OF BIRTH **IE UNDER 24 HRS** 2d HOUR 2c DATE LAST BIRTHDAY) HTHOM PRONOUNCED :20F 86 6 30 Black DEAD 19 86 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore, Md DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore Sinai Hospital COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Williams Olympia Hayman Calvin BALTIMORE, 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) Hayman 3021 Oakley Ave. Olympia No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOMES 21d INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET CITY OR TOWN Autopsy X 22a I certify that I took charge of the remains described above, held on Inspection Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles F. Kokes, M.D. 111 Penn St. Balto iMD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 8/28/86 Cedar Hill Cem. Burial Balto. Md. 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Leroy O. Dyett& Son Funeral Home, Inc. (VR A15 ME (5)) Hats Ave.



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	23	#3°50_	Va				U.s.a.		WIDOW		DIVORO				e City	4		MD
	2年	SES	10 C	ITY OR TOWN O	FDEATH		OF HOSPITAL, NO		E, OR OTH	IER INSTITU	ITION				(TYPE OF WOR		ND OF BU	
	A DO	A TO		altimore			V. Durha					St	eel W	orker			U mare	
	500	298	USUA 13a S	TATE	IN NURSING HOME O			E BEFORE ADMISSI	ON)	Tisa. INSIDE C	TTV LAMITCE	530	N. Mil	ton A	ve/2/	10	15	Jul 30
	AN AN	WQD.		ryland	130 COOK	-		ltimore		YES X	NO 🔲				urham	Stre	et	
1	9 ~	182	14. F/	ATHER'S NAME						15. MOTH	ER'S MAID	EN NAM	E					
	A SE	2250C	FG	first lward		MIDDLE		Willian	10			know		MIDDLE			LAST	
	A DE	20 7	16a V	VAS DECEASED	EVER IN U.S. ARA	AED FORCES		CIAL SECURIT		17. INFOR	MANT	ATIOW.	11	ADDR	ESS			_
	BALTIMORE S AFTER DEA GIVE PAGES	SION	Ϋ́∈	ES, NO, OR UNKNOW	(IF YES, GIVE V	WAR OR DATES)	27	5149514		Cli	Asr 1.15	7710	mc 52	O Nos	rth Mi	1+0	Λ	milo
	RS GI	MITH PAGINE E, DIVISION	16		DEATH (Enter onl	v 200 co.v.			F	CIT	u,y W.L.	111a	ilis)3	O NOI	C CII IVI.		PPROXIMATE	
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	ON 17EA	SE SE SE	150	1000	IMMEDIAT		O. OR AS A CO			Caran	Ovasc	urar	QISE	ase				
	PRESTON ITHIN 24 H	A SIT A		Canditions	, if any, which	DOL	10, 0K AS A CO	N3LOOEINCE	Or									
	NC IN	RAPE		gave rise	ta immediate	(b)						-			4 37			
	201 W.	8 1 8 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		lying cause		DUE	TO, OR AS A CO	NSEQUENCE	OF							1		1
	S, 20	N S S S		BARY A GAMES CIE		(c)												
	RECORDS, LD BE EXEC PENDING"	E CHIEF MEDICAL EXAMINER ALONG, BE USED AS A BURIAL - TRANSIT PERMI INT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL.	z	PART Z UTNEK SIGN	IFICANT CONDITIONS C	ON IRIBUTING T	O DEATH BUT NOT REL	ATEO TO THE TERM	IINAL DISEAS	E OR CONDITIO	IN GIVEN IN PA	ART I in					.5	
	SECOND BE	- CRIAN	CERTIFICATION	19a DATE OF C	, DEPATION	101 6	0.10.17.0.17.0	Lucius Cons										1
	SHOULD ORD "PEI	A H H	1 5	198 DATE OF C	PERATION	196 0	CONDITION FOR	WHICH OPER	ATION W	AS PERFOR	(MED?					20 A	A UTOPSY	?
	VI Y	2252	Ē	210. EXTERNAL	CALISETALAS	211 7	0.5.05.00.00.00										YES 🗆	NO 🕅
	OF ATE	보리출인		UNDERLYING			IME OF INJURY JR A.M. MONTH	DAY YEAR	21c H	OW INJURY	OCCURRE	ED (ENTER	NATURE OF I	NJURY IN ITEA	A 18 PART I OR	PART 2)		
	NOI FIFIC	DA & G	3	CONTRIBUTING	G CAUSE OF D		P.M.	19						1100		1		
	DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD "	PR PR	MEDICAL	214 INJURY OC			LACE OF INJUR'			CATION			CITY OR TO	OWN		CABUNTY		STATE
	THIS	A A G A G A G A G A G A G A G A G A G A	1	WHILE AT WORK	AT WORK]									1	,		STATE
	ME, T	PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US! AFTER DEATH, WITH THE STATE DEPARMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA		22a. Fcertify	that I took share	of the remo	ins described on	ove held on	Autop	v El.	Impectio	. FX	Inquiry		and in may	00,0,00		
	N S	TOTA		death resulted	/ 1 /-	causes [icide	. Homic			termined m			opinion		
	\$ SE	ARY ARY			/ // /	1	11/1/	121	icide		PECIFY	Onde	iermineu ii	idiliter [_				
	000	207.8		ACTUAL SIGNATURE	(4)	be 1	4 1	1				t	DICAL EXA		DAI	IE !	8-14-	-26
	ŞE.	SEA SE		DICHATORE						D. THOU	ALCO COURS	WEL	DICAL EXA	MINER) SIG	NED	7 17	00
	MEDICAL CUTE THE	A SUS EL	-	EXAMINER'S N	AME Char	les P.	Kokes,	M.D.		ADDRESS_	111 P	enn	St	Bal &	O., M	D 2	1201	
	53	A DE A —	23a B		ON, REMOVAL 2	36 DATE	230	NAME OF CE				1234 17	OCATION	-				
0.7			Bü	rial		8/19/		Garriso				CITY	Owing	s Mi	lls	YTHUC	Maryl	and
25			24. FI	JNERAL DIRECTO	OR						25a. DATE	REC'D. B'	Y F GISTR	AR 256 R	EGISTRAR'			
		MH - 17 .15 ME (5))	Wm	.C.Marc	h Funera	1 Home	ADDRESS Troc 1	101 Fac	+ NO				1000	1 4.	Davido	700	ende MP	100
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0.0		1-	STATE			DEPARTMENT OF					2	7	5 4	
UU-	16662		REGISTRAR		MEI	DICAL EXAMI	AFK.2	LERTIFICATE	OF DEAT	H "	REG. NO.			
			CEASED NAME	FIRST		MIDDLE		LAST	20	DATE KN	STI-	нтиом	DAY YEAR	2b. HOUR
	200000000000000000000000000000000000000			Josep.	h			Williams		DEATH M	ATED X	8	19 1986	M
	취임보임품 기계	I SE	X 4	RACE	5 DATE OF BIRTH	6. AGE (IN	EARS IF UN	DER I YR. IF UND		DATE		MONTH	DAY YEAR	2d HOUR
	SN S		male	Black	June 2	1928 58		HS DAYS HOURS	MIN PE	RONOUNCE DEAD	D	d .	20 - 44	4:05
	A CONT	In B	IRTHPLACE (SIA		7b. CITIZEN OF WH		YRS.		9		E CITY OF	COUNT	22 19 86 Y OF DEATH	M OT L
-	200 A A A	FO	North C			ALCOONIKT?		IED 🧩 NEVER MA	RRIED			-	OFDEATH	
•	25				USA		WIDOV		RCED	Balti				MD.
-	ZERRES	10 C	ITY OR TOWN C	F DEATH	II NAME OF HOSI	PITAL, NURSING HOA	NE, OR OTH	ER INSTITUTION	12a USUA	L OCCUPAT	ION (TYPE C	DF WORK	26 KIND OF B OR INDUS	
25	452 ESC	B	altimor	е	5218 Re	eady Avenue	9		la	borer	y circy		paper	
1 -	29398	USU.	AL RESIDENCE	F IN NURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	SION)	1					paper	4.5
2120	THE SERVICE	130 5	Mā.	13b COUNT	TY	Balto.		13d. INSIDE CITY LIMITS		Ready	- A		2/1	12
	TE NOTE OF	-	ATHER'S NAME			Darw.				neady	y Ave	•	010	0
1 1	H-EDS-H	The r	Thomas		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDL	.E		LAST	
386	A SESSE					liams		Alice				pente	r	
MC	ANGUN /	160.	WAS DECEASED YES, NO, OR UNKNOV	EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECUR		17. INFORMANT		1	ADDRESS			
1	45.04		yes	WW	II	201-36-0	807	Wilma Wi	lliams	3460	Ogbu	rn Av	e. N.C	arolin
	00000		18 CAUSE OF	DEATH (Enter onl	y ane cause per line	far (a) (b) and (c)					- 6 -		APPROXIMA	TE INTERVAL
to to	\$5 89 J		PARTIDEA	TH WAS CAUSED	BY:	ongestive	cardi	omzonathu	,				BETWEEN ONS	ET AND DEATH
0	SERBA		1	IMMEDIAT		AS A CONSEQUENCE		Omyopactry						
50	MARSARIA	1.7	Canditians	, if any, which	DOE 10, OK	AS A CONSEQUENCE	Or							
1 2	E SE		gave rise	ta immediate	(b)									
3	OF SERIO		lying caus	tating the under-	DUE TO, OR	AS A CONSEQUENCE	OF							
20	PASSAS	6	17119 0003		(c)									
80	AN ENERGY		PART 2 OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTING TO DEATH E	BUT NOT RELATED TO THE TE	MINAL DISEAS	E OR CONDITION GIVEN IN	PART 1 (g)					
records	SEAST	Z												
#	Z OF A REG	CATION	19a. DATE OF	OPERATION	TI9L CONDIT	ION FOR WHICH OPE	RATION	AS PERFORMED?					20 AUTOPSY	(2
VITAL	るの事品学者	18						THE TENT OF THE PER						
5	200 H - H -	IE	21a EXTERNAL	CALISE WAS	21b. TIME OF	10.1111.000							YES .	NO X
ő	A 本 五 日 五 5 5 1	10	UNDERLYING			MONTH DAY YEA	AR ZIC H	DW INJURY OCCUR	RED LENTER NA	TURE OF INJURY	IN ITEM 18 PA	RT 1 OR PART	2}	
0	##65289	13	CONTRIBUTIN	G CAUSE OF D	EATH P.M.	19								
Z	BASS BE	8	21d INJURY O	CCURRED		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN				
ō	SES SEE	5	WHILE AT WORK	NOT WHILE] JACET, FACT	ORT, FARM, ETC.)		SINCE		CITORIOWN		COUN	114	STATE
	F. 38 8 12 12			The state of the	1				T		7			
	₩2558 第3		22a I certify	that I took afferd	direc.	ribed abave held an	Autop	sy , Inspec	tian X,	Inquiry	, and	in my apir	nan	
	MEM DES		death resulted	d from hattur	al comes XX	Accident , S	vicide	, Hamicide L	Undeterr	mined manne	er,			
-	AAN ME CES		ACTUAL	19%.	1. 11.	Khha		TITLE (SPECIFY)						
	4 # P 4 F	1	ACTUAL SIGNATURE_	In	m / 1	1010	M	Assistar	at_MEDIC	AL EXAMINE	ēR .	DATE	8/23	/86
	SET	1/		01	70 77 7	1								
	MEDICAL I ECUTE THE GE 4 SHOU FUNERAL TER DEATH, LTIMORE, N		(TYPE OR PRIN	T) Charl	Les P. Kok	es, M.D.		ADDRESS	L Penn	St.	Ba	alto.	MD.	
	5245F	23a. B	URIAL, CREMAT	ON, REMOVAL 2	3b. DATE	23¢ NAME OF CI	METERY O		23d. LOC	ATION				
07.0	, DD	(Burial		8-30-86				CITY OR	TOWN	0-7	COUNT		STATE
07/84 25M	BP		UNERAL DIRECT		0-70-00	Evergre	en ce		TE REC'D. BY RI	ISTON-	Salem	IRAR'S ST	arolina	3
	DHMH - 17		Carlton	C. Doug	Tage ADDRESS	1 McCulloh	C+							
	(VR A15 ME (5))			J. Doug		T MGCATTON	ು.	AU	G281	986	cha Da	Midon	-Mandalle	
			77 2 3 3 3 7 7							1/				



FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR Wm.C.March F/H Inc. 1101 East North Avenue

8/13/86

Mount Zion

Lansdowne 250 DATE REC'D. BY REGISTRAR 15h REGISTRAR 5 SIGNATURE

CITY OF TOWN

YEAR

86

INDUSTRY

Williams

9 IF UNDER 1 YEAR

YES

COUNTY

2h HOUR

126. KIND OF BUSINESS OR

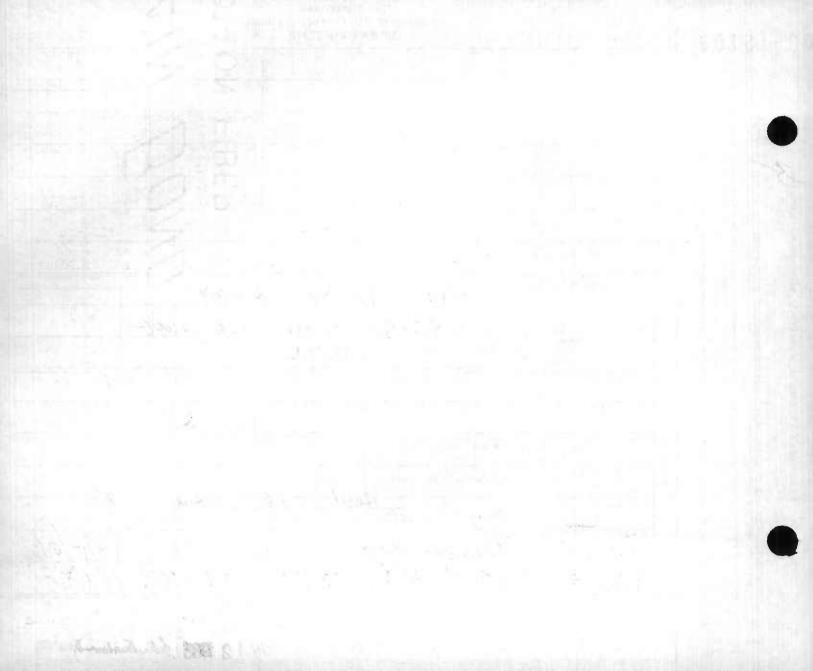
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Maryland

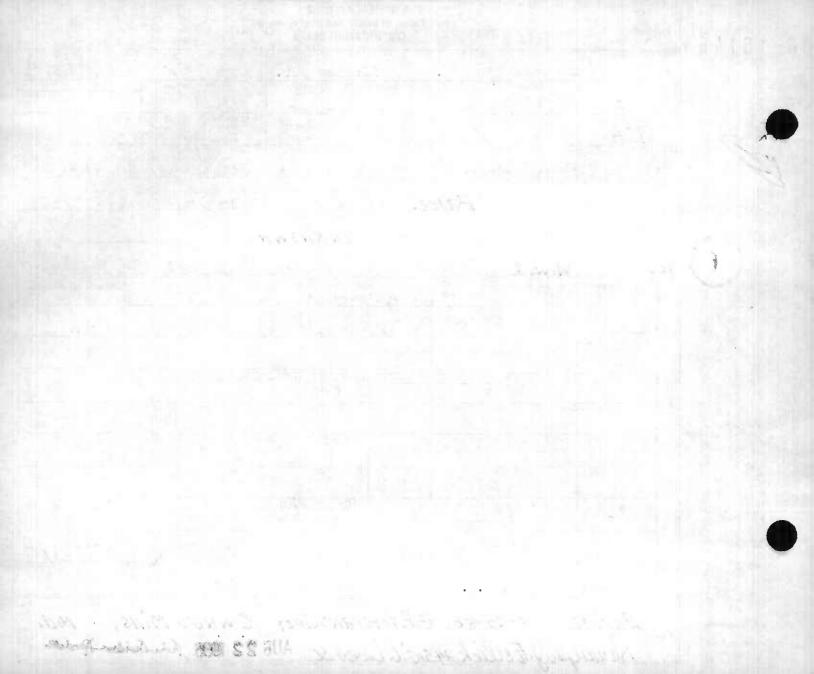
STATE

IF UNDER 24 HRS



at the line

	1			STATE OF MARYLAND		Aug 14
	1.	FOR - STATE	DEPARTM	ENT OF HEALTH AND MENTAL H	0 0	9 5 5
- 6 40		REGISTRAR		LAST.	REG. NO.	The state of the s
m =		CEASED NAME FIRST	MIDDLE		20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3		Nathan		Williams Jr.		20 86 7:32 7m
frer p	3. SE	× m la	RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge 4	2	11/10/6	Black	6 12 26	60 YR	
Por Por	7a. B	IRTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
11/1/	1	USA	USH	WIDOWED DIVORCED	1 Balto Ci	MD.
12/ 44	10 C	Ralto City	1. NAME OF HOSPITAL, NURSIN (IE NOT IN SUCH EACHLITY, GIVE STREET A MERICAN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 17b. KIND OF BUSINESS OR INDUSTRY
2 11 50	USU 3a	AL RESIDENCE (IF NURSING HOME OR OT STATE / 136 COUNT)	THER INSTITUTION GIVE RESIDENCE BEFORE Y 136 CITY OF TOWN			ODE 0
A SEC	p	naryland -	132.1+D.	YES NO	111.00	1000 rd 21239
± 3 5 5 − 5 − − 5 − − 5 − − − − − − − − −	14 F	ATHER'S NAME	DDLE LAST	15 MOTHER'S MAIDEN N		
P 2500	1	Nathaniel	W.17,0	ms 7/NKNAN	MIDDLE	LAST
50 Z 3		WAS DECEASED EVER IN U.S. ARME		RITY NO. 17 INFORMANT	ADDRESS	2123
× 6 6		(YES, NO OR UNKNOWN) (IF YES, GIVE V	9 24224	3534 Grearen	va William 1	430Stonewoodrd
9	#	18 CAUSE OF DEATH (Enter only	one cause per line far (o), (b), and	100	4 /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PART I. DEATH WAS CAUSED	BY:	10 pulmonary	Arrest	at we have a second
5 - 22 5		IMMEDIATE			7.117 - 51	
deoth ottend ove ca nton, e		Conditions, if any, which	DUE TO, OR AS A CONSEQUE		Carcinoma	Years
a E G #		gove rise to immediate cause (a), stating the)			1
by see	18	underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF		FIRST DIS
ned pleo		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	PEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1 a
quir sign Then to be	Z					
beer prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
ws me lo	E				YES NO	RTIFYING CAUSES OF DEATH?
	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	
IYSICIAN: T ding physici s certificate burial-transit Mental Hygisit tem 18 sh	/	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR		
HYSICIA Iding ph ins certifi burial-th Mentol ar Item 1	MEDICAL	21d INJURY OCCURRED	21a PLACE OF INJURY	21f LOCATION		
the the	M	WHILE NOT WHILE	LAT HOME STREET, FACTORY OFFICE, FA	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE
OING or of After e os t alth o		220.1 certify that (1) Ohis hospital) attended the desocrat from	8/19 1986	10 8 20	. 19 86 that (1) (we) last
OR: US		saw the deceased alive on_	8120 198		on death occurred on the date and	- indi (inc) losi
R ATTEN hospital IRECTOR used for use tem 21 is		276 SIGNATURE 7	vige the body after death	DEGREE		22c. DATE SIGNED
0 0 0 00 7		71.07	1 1 44 m	A MA DA ATTENDING	MEDICAL STAFF	0/20/66
m o s	-	22d. PHYSICIAN'S NAME (TYPE OR P	acisera ""	22e ADDRESS	DIRECTOR PHYSICIAN	10/20/0
O HOSPITA etorned by TO FUNERA should be de with the Stol		The second second			Memorial Hospita	1
TO HOSP retained TO FUNI should be with the	00		ett, M.D.			1.L
00		BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24 5	Busial	8-25-86 Gil	r, VeteransCipty	CWNG5 M	1115, Md.
DHMH - 16 60M 7/B4	24.1	UNERAL DIRECTOR	P. MI ADDRESS		JE 32 RES Subia	GISTRAR'S SIGNATURE
(VRA 15, 4)		DAMMERRY	DOCKICK 24316	Wewen St M	10 66 BOO June	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

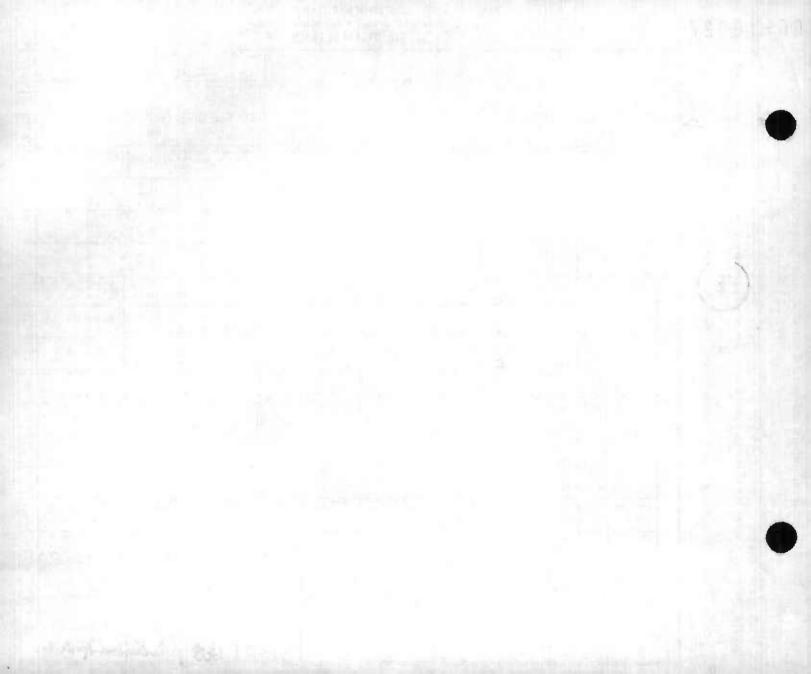
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								REG. N	0.				
		CEASED NAME FIRST	A.			AST		20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
	LIVE	Rosa		Α.	Wil	liams			8 1	4 8	6		М
-	3 SE	(4 RACE		5. DATE C			AGE (IN YEARS LAST BIS	THDAY	IF UNDE	ERTYEAR	IF UNDER	
)	F	emale	Black		2	26 2	1	65	YRS.	MONTHS	DAYS	HOURS	MIN.
-		RTHPLACE STATE OF FOREIGN	b CITIZEN OF V	WHAT COUNTRY?	8	NEVER MAR	DIED 19	BALTIMORE CITY	R COUNT	TY OF DE	ATH		
1		Md.	USA		WIDOWE	D DNO	RCED	Baltimo	re Ci	ty			MD.
	В	alto.	1508	iospital, nursin Heacility, give street a B Baker S	t.	OR OTHER INSTITU	TION	20 USUAL OCCUPAT TYPE OF WORK FOR MOST ON THE OF THE OCCUPANT OCCU		LIFE) 12b	KIND OF	F BUSINE	SS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE Md.	OTHER INSTITUTION I	Balto.	admission) N	13d INSIDE CITY YES 🗶 NO	LIMITS?	36 STREET ADDRESS 1508 Bak	zip coi er St	DE	212	217	
_	14 FA	THER'S NAME FIRST	MDDLE	1 4 5 7		15 MOTHER'S M.	AIDEN NAME	WIDDLE					
<u></u>		Benjamin	Ro	oberts		Viola		WIDDLE		Fiel	ds		
		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT		ADDR	ESS				
		(IF YES, GIVE	WAR OR DATES	197-72-0	362	Sherry	Smart	1508	Baker	St.			
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATION	y one couse per BY: CAUSE	line for 10. (b), and	Di	obeter	THE				APPROXIM BETWEEN O	MATE INTER	DEATH
7		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE TEMPS INTRIBUTING TO D	ful NCE OF Plers	Zen Con	dioro	Edan Al	1200	JQ IN IN	PART Ito	9	
	NO	mossive	. Caro	lione.	zol	Ly fer	ica	idril -e	ff.	y	cir	27	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH	SPERATIO	AS PERFORM	ED	200 AUTOPSY?	JIN CERT	ES, WER			TH?
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.A P.A	A. MONTH DA	YEAR	21¢ HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJ.	IRY IN ITEM 18	B PART I OR	PART 2)		
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	ARM ETC J	211 LOCATION STREET		CITY OR TO	IWN	co	YINUC	S	STATE
	1	220.1 certify that (1) (this hospit- sow the deceased alive an above, (1) (we) (did) (did not	07-60-	-86 19-		id that in (my) (ou	r) opinion de	oth occurred on the d	ote and he	our and f		that (I) (v	
		22b. SIGNATURE	fx			PHY	NDING SICIAN	MEDICAL STA	FF CIAN [22	8/2 C	O/8	6
		224 PHYSICIAN NAME OF	PRINTI O	4.0.		3100 U	yma:	n Park D	Y , 1.	BAL	TO	21:	2//
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CRE	MATORY	23d LOCATION					
	1	Burial	8/21/8	36 Ga	arrisc	n Forest	Vet.	Owings I	4ills	, Md	•	S	TATE
	24 EL	INFRAL DIRECTOR					25- DATE	DEC'D BY DECISTRAD	OF DECH	CEDADIC	TALLOUS	105	

4300 Wabash Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm C March F/H West



(VRA 15, 4)

STATE OF MARYLAND

-16862	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYPE CERTIFICATE OF DEATH	REG. NO.	3 7
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
# 60 P	1111	Thor	mas A.	Williams	August 2	23 1986 4:15Pm
6 4	3. SE	Υ	4 RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
4 90	1	FIALE	Cal	MONTH DAY YEAR	76 YRS	INTES DATS HOURS MIN.
1 11 DL	70. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	F DEATH
		Ballo	N.SA	WIDOWED DIVORCED	Baltimore, City	/ MD.
1 1 3/10	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS I	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
·ANT	E	Baltimore	Maryland Gener		RETIRED	INDUSTRI
1 1		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO		13e STREET ADDRESS / ZIP CODE	
2 (1) J	1	MARYLAND -	111	MORE YES NO	1709 RUXTON	AVE 21216
	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		LAST
p lest s		1 HOMAS E.	WILLIAM	S ANNIE	WHITE	
decut		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	- A 44	ADDRESS	21216
Pogn an	4	MILLOSH	21418	3957 MRS DELORIE	S CLARKE 1789 K	UXTOURIES
ppers		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), a	nd (C)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ph)		PART I, DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Cardiopu	lmonary Arrest		
h ce corbing or r			DUE TO, OR AS A CONSEQU	JENCE OF		
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ospit ECTC id for it. of m 21		obove, X (we) (did) (XXXX	AUGUS L ZS 1 view the body ofter death.		death occurred on the date and hour	
OR DIR		270 SIGNATURE	011.01	DEGREE ATTENDING	MEDICAL _ STAFF	224. DATE SIGNED
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TO HOS should with the IMPORT	22- 1	Tawfik Cham		C/O Mary	land General Hosp	ital
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	24 FI	JNERAL DIRECTOR	101-01010	The state of the s	TE REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE
DHMH - 16 60M 7/B4		A NAME A	ADDRESS	0 0 1 100	ATTO O O MOOD CALL	North Assess Carried ait

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME AAIDDLE 20 DATE OF DEATH MONTH TYPE OR PRINTS AUGUST 31, 1:40A BLANCHE WILMOTH 1986 M. 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH Oct. 22, 1909 White 76 Female BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY USA Texas DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Steno Clerk BALTIMORE Fed. Gov't. JOHNS HOPKINS HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c CITY OR TOWN 3501 St. Paul St., 21218 13d INSIDE CITY LIMITS? Balto. MD YES K NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME McClenden Alberta McDonald John **ADDRESS** 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 462 09 8845 Harold E. Wilmoth, Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DE ATH WAS CAUSED BY: Respiratory arrest IMMEDIATE CAUSE (0), acute monocytic lenkennia dele Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE 22a | certify that (1) (this hospital) oftended the deceased from. sow the decemed alive on 1.40 km 8. obove, (I) (Ve) (Mid) (did not) view the body after death 8/3/10 26 and that in (my) (Sur Dopinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS ELMANDEZ MID 23a. BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Balto., 9/3/86 Green Mount Cremation 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Balto., MD 4905 York Read 21212 (VRA 15, 4)

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	3_SE			4. RACE		5. DATE (DAY YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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7 5 5 2 3 ₹	23a	BURIAL, CREMATION,	REMOVAL	236. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	/N	COUNTY	STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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R	14 FA	THER'S NAME John	MIDDLE Pol	lishook	15. MOTHER'S MAIDEN NAM Justina		100	br LAS	т	
1	16a V	VAS DECEASED EVER IN U.S. AR		-18-3991	17 INFORMANT Barbara Dreye	er,364 Wood		.,Mar	1ton,	5 N.J.
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF	AOT RELATED TO THE TERM	INAL DISFASE OR COND	DITION GIVEN	IN PART 1		
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2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN			?
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H		22a.l certify that (1) (this haspi saw the deceased alive an above (1) (we) (did) did no	8/26/	19 86 ar	nd that in (my) authorizing	to \$/27	te and have a		that (1) (we	,
,		Elexa H	Landour		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		220 DATE	27/8.	6
		ELIAS	SHANDC		5601 Loch	RAVEN BL	VD			
		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		OUNTY	CTA:	T.F.
		Burial	8-30-86	- Angel	Hill	Havre de	Grace	-	Md. STA	
	24 FU	INERAL DIRECTOR			25a. DATE	REC'D. BY REGISTRAR 2	SE REGISTRA	R'S SIGNAT	URE	374

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc.,5305 Harford Rd.

AUG 28 1988 Julia Davidon Pontage

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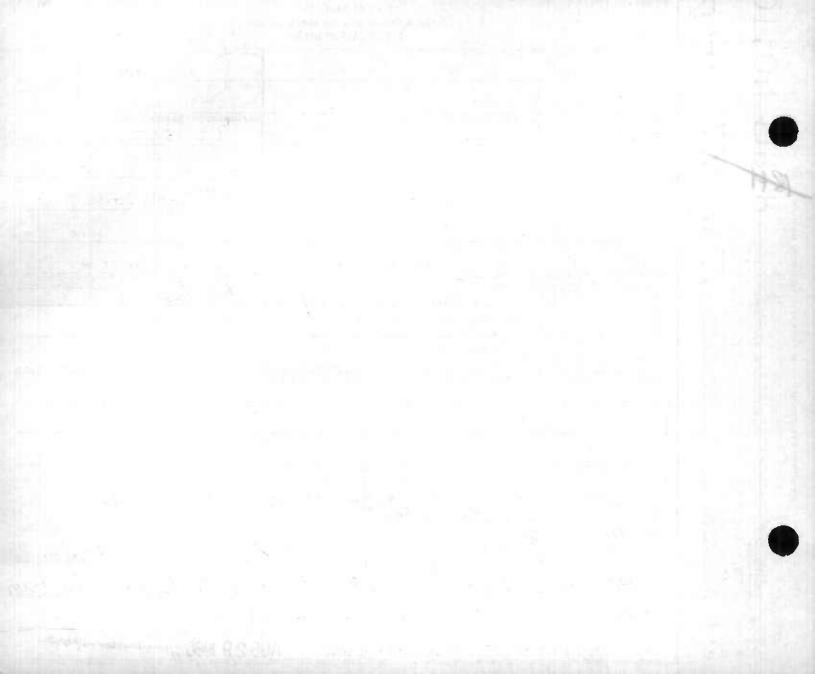
STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭

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10		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMA	ANT		ADDRESS	73.7			
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	z	PART 2. OTHER SIGI	NIFICANT C	ONDITIONS <u>CC</u>	NTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDITIO	N GIVEN	IN PART	la	Ţ.
-	CERTIFICATION	IA DATE OF OBERA	TION	TIME CONDI	TION FOR WHICH	ODERATION	LIMIAS DEDEC	PMED	20e AUTOPSY	2 1206	IF YES, W	EDE EINID	INICS US	FD.
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A		OR CONTRIBUTING		110110 4	M. MONTH DA	AY YEAR	ZIL HOW IN	TORT OCCUR	RED (ENTER NATURE	OF INJURY IN IT	EM 18 PART	ORPART 2)		
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		AT WORK AT WO)RK				1172	-		7.1	4.5	0.7		
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		226. SIGNATURE	Ab	well	yn			ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF		ZZC. DAT	E SIGNEI	D
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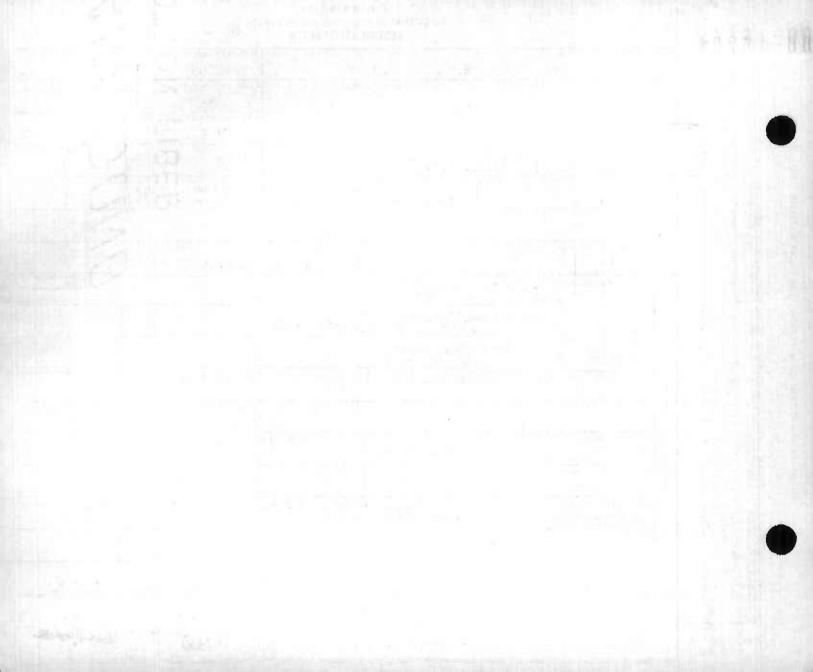
DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY
Mount Zion Cemetery 8/30/86

Lansdowne,

24 FUNERAL DIRECTOR March Funeral Homes 4300 Waßash Avenue



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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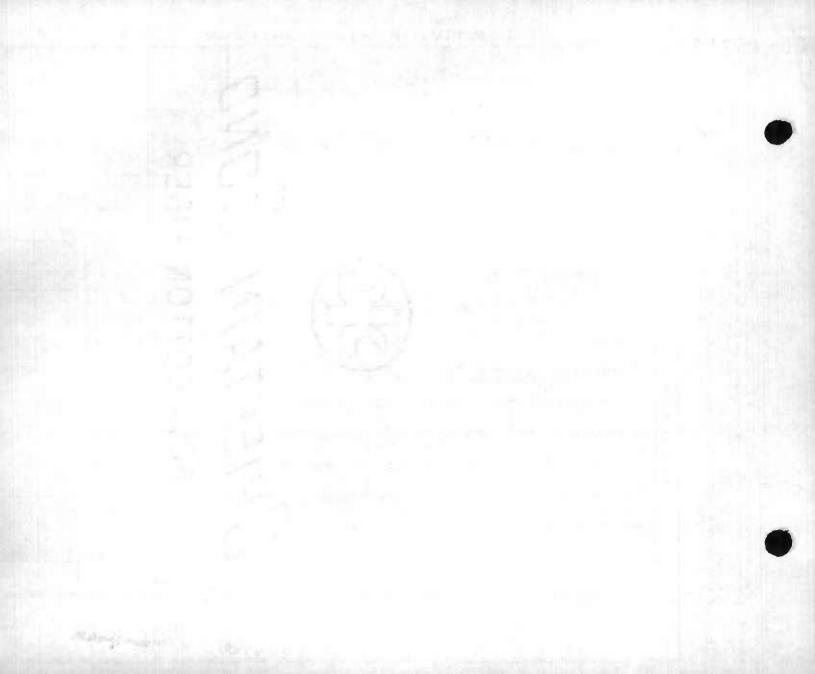
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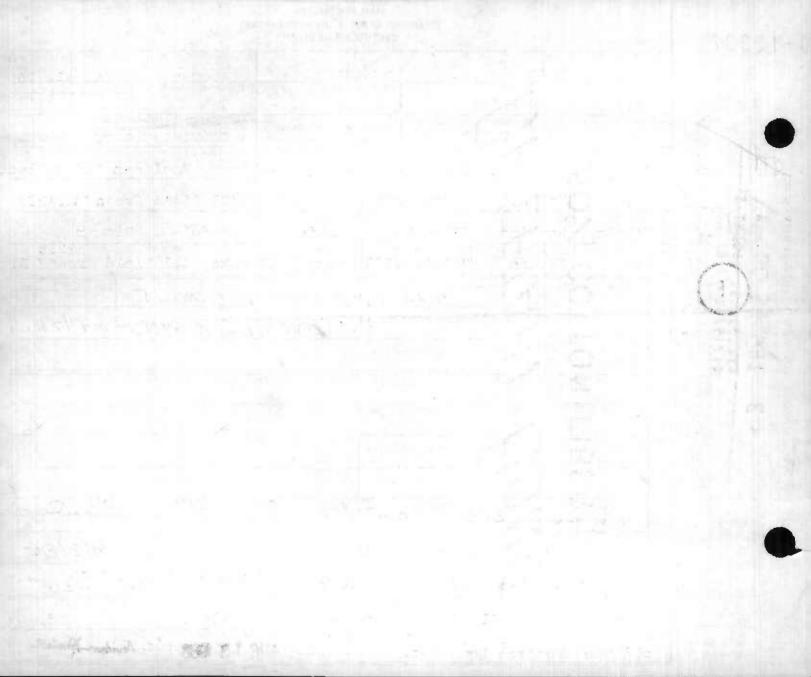
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME LAST 20 DATE OF DEATH HINOM 2h HOUR LIYPE OR PRINTS WILSON 2 1986 3:16 AUGUST WOODROW 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE /IN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS DAY5 Male Black To BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [BALTIMORE CITY Va. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL LOCK JOINT FILLER MARYLAND 21201 LISUIAL RESIDENCE 18 NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE COLCO 1724 Wolfe Street Md Baltimore YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST elia Peterson 40 Wilson evi ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST 546 Orchard Street 230-05-7645 Henry Wilson APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY. CARDIOPULMONARY ARREST MHEDIATE MMEDIATE CAUSE 10 DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF ACIDOSIS METABOLIC 24 HOURS - 48 HOUS Conditions, if ony, which gove rise to immediate MONTHS couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF YEAR underlying couse lost CIRR HOSIS END-STAGE ALCOHOLIC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO O CERTIFICAT 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO I Hy= 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 19 86 sow the deceased alive on. , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b SIGNATURE DEGREE 22r DATE SIGNED ATTENDING MEDICAL STAFF 186 MD PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME TTYPE OF PRINTS 22e ADDRESS JOHNS HOPKINS HOSPITAL GOO N. WOLFE ST GRIMMETT MICHAEL BALTIMORE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial & 23L NAME OF CEMETERY OR CREMATORY 8-6-86 Md COUNTY Eastview Cemetery Barretown STATE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN DHMH - 16 60M 7/84 IAM C. BROWN COMM F/IT 1206 W. NORTH (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME WILKERSON 20. DATE KNOWN MONTH DAY YEAR 2h HOUR (TYPE OR PRINT OF ESTI-REV. DEATH MATED (Wilkinson Naomi 19 86 4 RACE 5 DATE OF BIRTH JE LINDER 24 HRS DATE 8:45 YEAR LAST BIRTHDAY PRONOLINCED DEAD Female Black 64 19 86 PM 7b. CITIZEN OF WHAT COUNTRY? RETAIN PAGE 5 FOR Y 7 BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. DIVORCED WIDOWED [Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY BEAUTICIAN Baltimore 536 Holbrook St. 13.6 STREET ADDRESS Holbrook Street 21202 30 STATE 13b COUNTY CITY OR TOWN 13 d. INSIDE CITY LIMITS? Maryland Baltimore NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME S. MIDDLE Franklin Johnson Cecelia Mathews 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-22-4601 Daniel Wilkerson 1834 East 29th Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Diabetes Mellitus FICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TAOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA 1 AND 21201 PRIOR TO BURIAL, C 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗍 NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE NOT WHILE Autapsy 228 I certify that I took charge of the remains described above, held on Inspection ETHE CERTIFIC SHOULD BE death resulted from: Natural caus Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/10/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE BURIAL 8/15/86 Arbutus Memorial Park Arbutus, Md. 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** 1101 EAst North AVenue A March Funeral Homes (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 76. HOUR LIVPE OR PRINTI ROBERT E. WILLBANKS AUGUST 8 1986 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR 15-DAY Male White BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md. U.S.A. BALTIMORE CITY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE Elect. Engineer JOHNS HOPKINS .Gas&Elect 13a STATE 13r CITY OR TOWN 13d. INSIDE CITY LIMITS? 3. STREET ADDRESS / ZIP CODE 4421 Field Green Rd.21236 Md. Balto. Balto. NO IX 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME Hawkins Alice Berdel Fisher Echols Willbanks 20 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. Korean Betty Willbanks 4421 Field Green / H. 213-30-4760 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF NO X 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ 86 saw the deceased glive on O , and that in (my) our) apinion death occurred on the date and haur and from the causes stated 17h SIGNATOR DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) OPKANS HOSPITAL 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial 8-11-86 Parkwood Cem. Balto. Md. 9705 Belair Road 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21236 DHMH - 16 60M 7/B4 Balto.Md. Schimunek Funeral Home, Inc. (VRA 15, 4)



Wm.C.March F/H Inc. 1101 East North Avenue

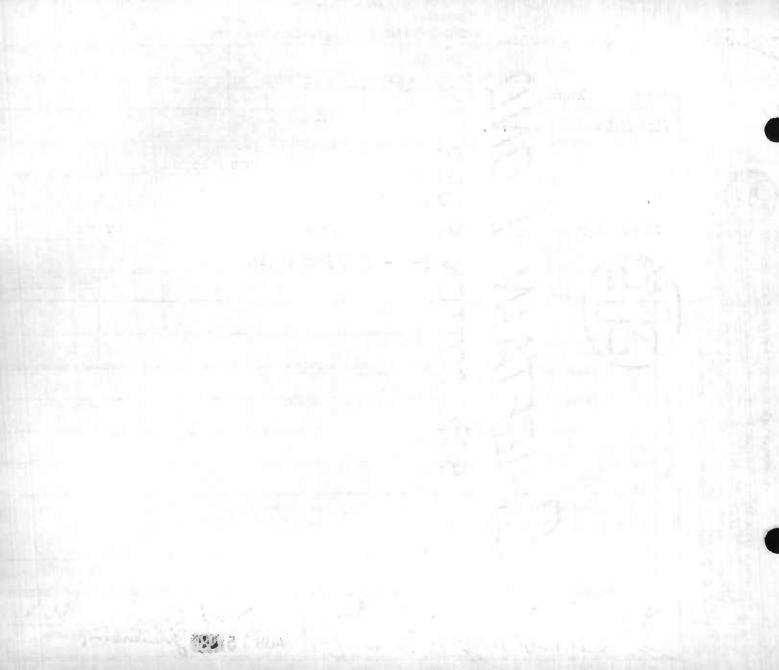
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CAL EXAMINER: 1 THE CERTIFICATE, SHOULD BE FORM RAL DIRECTOR: P RAL WITH THE ST RE: MARYLAND. 2		220 I certif death resulte ACTUAL SIGNATURE_		ge af the remains desc ral causes 3,	Account [7	Autops	, Hamici	ECIFY)	Inquiry	anner .	DATE SIGNED	8/12	2/86
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5.1

CERTIFICATE OF DEATH

FOR - STATE

(VRA 15, 4)

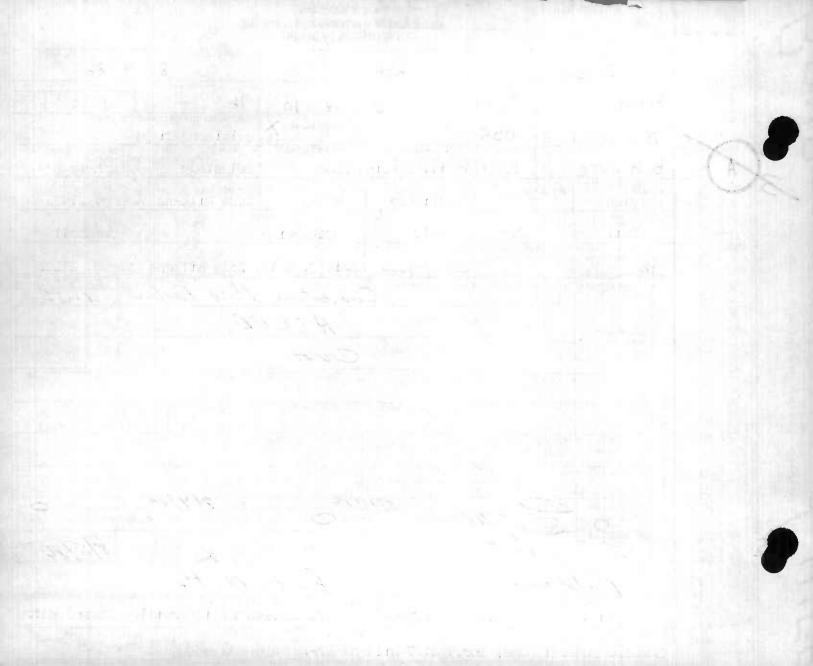
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	DECEASED NAME FIRST	MIDDLE	LAST	20	DATE OF DEATH	MONTH DAY	YEAR 26. HC	OUR
deo b deo b	Daisy	М.	Wolf	2.91		8 4	86	/
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officer.	Female	Caucasian	MONTH DAY	YEAR 10	76	YRS.	DAYS HOURS	S MIN.
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E. P. Santon	Maryland	Baltin			2524 Wilke	ns Avenu	e, 2122	3
# 1851 161	FATHER'S NAME	MIDDLE LASI		S MAIDEN NAME	MIDDLE		LAST	
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	(SPECIFY Burial	8/7/86	crestlawn Gar	. of Mem		ville "H	löward	Md'.
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BP	FUNERAL DIRECTOR		21229	25e DATER	EC'D BY DECICTOAD		CICALATURE	LIMI .



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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR						REG. N			
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Female		White		Oct	. 18, 1916	69	YRS	MONINS DATS	HOURS
To BIRTHPLACE (STAT	E OR FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8 AAADDIED	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland		U.S.A		WIDOWED	V	Baltimore	e City		
Baltimore		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A Swansea R	ADDRESS)	ROTHER INSTITUTION 21239	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Secretary	OF WORKING LIFE	126 KIND (INDUSTRY	OF BUSINES
JAL RESIDENCE (# Maryland	NURSING HOME OF OT		GIVE RESIDENCE BEFORE 134 CITY OR TOWN Baltimor	N 1	13d INSIDE CITY LIMITS? YES NO [13e SIREEI ADDRESS 2036 Swar	ZIP CODE	oad 2	1239
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160 WAS DECEASED E (YES, NO OR UNKNOWN NO		ED FORCES? WAR OR DATES)	219-05-7		Jean C. Athe	addr er 305 Nor		Ct. 2	1136
IR CAUSE OF D	EATH (Enter only	one course per	line far (a), (b), and	dicl.) A	0			APPRO	MATE INTERV
Canditions, if gave rise to cause (a), s underlying co	immediate itating the ause last	DUE TO, OF	R AS A CONSEQUE	NCE OF			IDITION GIVE	FN IN PAR1 1	0
gave rise to cause (a), s underlying co	immediate stating the ause last	DUE TO, OR (c) ONDITIONS CO	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b IF YES	EN IN PART T	NGS USED
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Gave rise to cause (a), is underlying of the property of the p	ERATION SUNDERLYING CURRED CURRED	DUE 10, OR (c) INDITIONS CO 19b CONDI 21b. TIME OI HOUR A.P. P.A 21e. PLACE C [AT HOME, SIRI	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE FACTORY, OFFICE FACTORY	OPERATION AY YEAR 19 ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 4 that 1 (m) (aur) apinion	200 AUTOPSY? YES NO CENTER NATURE OF INJUITY OR TO	296 IF YES IN CERTIFY YES JRY IN ITEM 18 PA	WERE FINDI	INGS USED S OF DEATH NO
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TO FUNERAL DIRECTOR. A should be detached for use with the State Dept. of Heal 12.00

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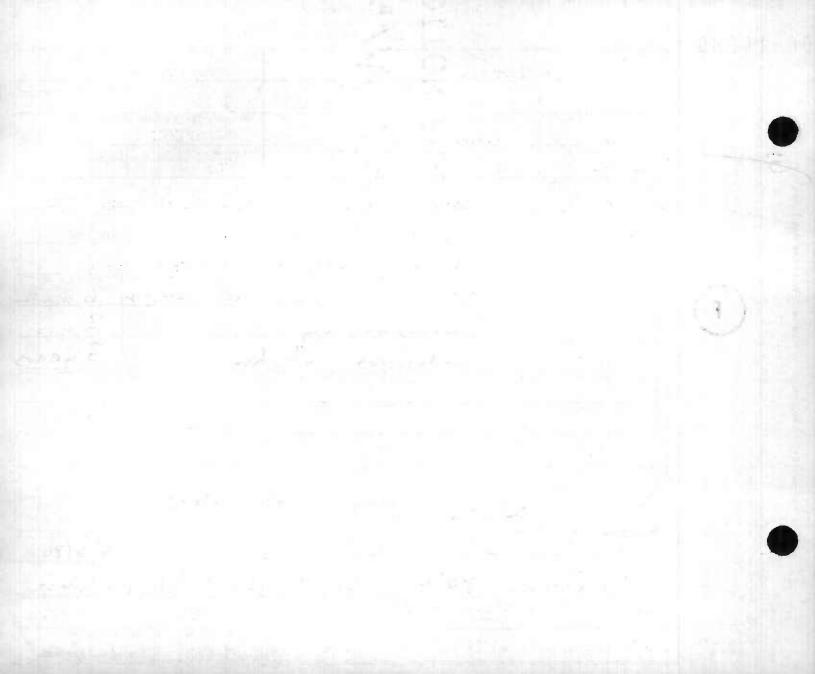
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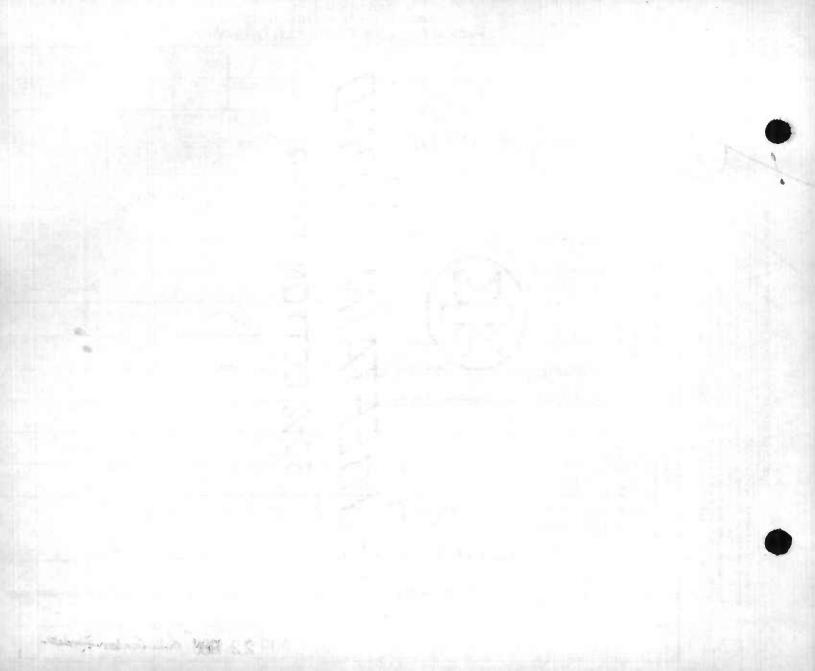
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oy be				amont	(DOLL LINOTTO)		Wood		August 7, 1986				
E dia		3. SEX			4. RACE		5. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR IF UNDER 24	MIN.	
eg per			Male			Black		15 49	36				
E 55 8	21	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH			76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
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SICIAN: T ng physici certificate oriol-transi ental Hygi		MEDICAL CER	21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTHY MEDI	CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR		RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I C	OR PART 2)		
NG PHY: offer this os the but though or worked or		MED	21d. INJURY OCCUR WHILE NOT WE AT WORK	HILE [OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO)WN C	COUNTY STAT	TE 31	
ATTENDI spitol or CTOR: A for use of Heol	9	15	220.1 certify that (I) (this hospital) rattended the deceased from										
TAZ OR y the horal DIRE detoched of Dept. If then			22b SIGNATURE	hi	2/0	82_	n		MEDICAL STA	FF	S 6 86		
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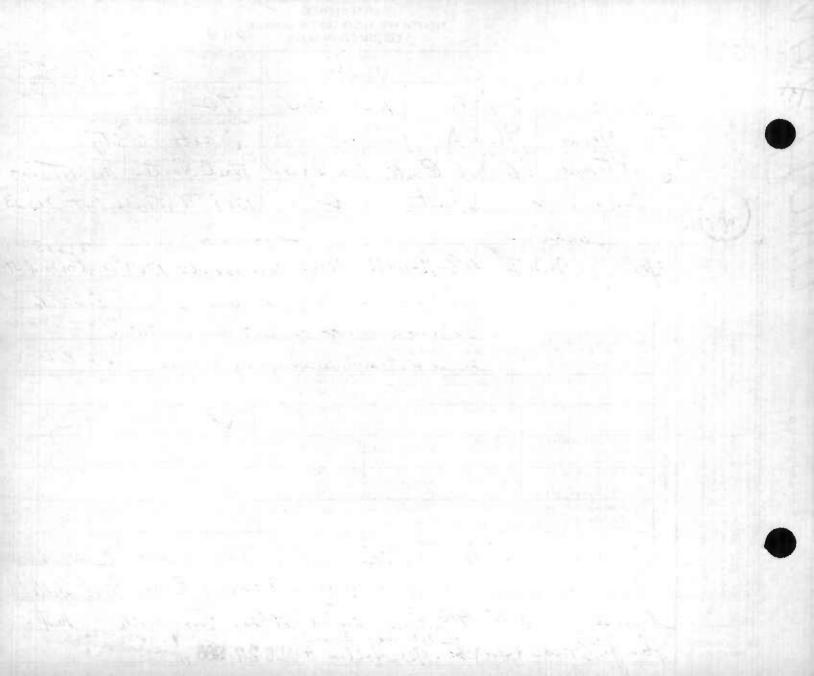


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFIC REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE KNOWN LTYPE OR PRINTI Mary Lou Ella Woodrup DEATH MATED 8/ 19/10 86 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) RONOUNCED 33 53 DEAD 19/19 86 P A BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Baltimore City, Maryland U.s.a. DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore 704 E. 21st St. N/A SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 21 St. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE William Glenn Lucille Shaw 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO. OR UNKNOWNI (F YES GIVE WAR OR DATES) 216327885 John P. Shaw Sr. 1604 Shadyside Road 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2D AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED ? TE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORWAR
TO FUNERAL DIRECTOR:
AFIER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 278 I certify that I took charge of the remains described above, held an Autopsy and in my opinion Notural couses X death resulted from: Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8/21/86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. TYPE OR PRINT) Penn St. 230. BURIAL, CREMATION, REMOVAL 236. DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Maryland 8/25/86 Baltimore Eastview 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** Wm. C.March f/H Inc. 1101 East NOrth Avenue (VR A15 ME (5))



			STATE OF MARYLAND						
15669	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B 6 REG. NO.	22956			
oy be		CEASED NAME AND PRINT	Y MIDDLE	AUGUST 7, 1986 03;25					
200	2:56	X I	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	VI IF LINDED 1 VEAR IS LINDED 14 HRS			
rol director.	2	MALE	BLACK	AÜĞ 6 DAY 1986		YRS DAYS HOURS 23 25			
	120	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	7b. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	BALTIMOR				
	100	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WO	126 KIND OF BUSINESS OR			
M.	90	BALTIMORE AL RESIDENCE (IF NURSING HOME OR	JOHNS HOPKI						
	WA.	RYLAND HARF	TY I3c. CITY OR TOV	D YES \(\frac{13d.}{12}\) NO \(\frac{13d.}{12}\)	13e STREET ADDRESS / ZIF	ER DR APT K			
120	14 F.	ANTHONY	WOODS,	SR MONA FIRST	LEE	SMITH			
2000		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS				
At DIRECTOR, After this certificate has been signed by the attending physicion of detached for use as the burial-transit permit. Then place are proxy corban papers. Prote Dept. of Health and Mental Hygiene prior to burial formation between them 18 shows any injury, or other traumatic event, the matter that the matter	- 19	18. CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b), a	nd (cs.)		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	12	PART I. DEATH WAS CAUSED IMMEDIATE	lohours						
	3		DUE TO, OR AS A CONSEQU	JENCE OF					
	133	Conditions, if ony, which gove rise to immediate	2 mc.						
	13	couse (a), stating the underlying couse last.	6 mo.						
	7	PART 2 OTHER SIGNIFICANT C	ON GIVEN IN PART 110						
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 201 YES X. NOT	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO			
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL		AY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)			
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE			
			ol) attended the deceased from 8/7— 19_	8/6/8 , 19 86 86 , and that in (my) (our) opinion		19 67 that (It (we) lost and hour and from the causes stated			
		27h SIGNATURE Cynthia	Tupl	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 217/86			
should be det with the State		221. PHYSICIAN'S NAME (TYPE OF	J. TIFFT	22e ADDRESS	inics Johns H				
* 3 \$	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 8-14-86	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
50M 4/83	24. F	UNERAL DIRECTOR		Balto., Md 25% ADA	TE REC'D. BY REGISTRAR 24	REGISTRARY STONATURE			
15, 4)		Anatom	y Board ADDRESS	Balto., Md. AU	10 1 9 1980 Bm	lia Devider Readalla			

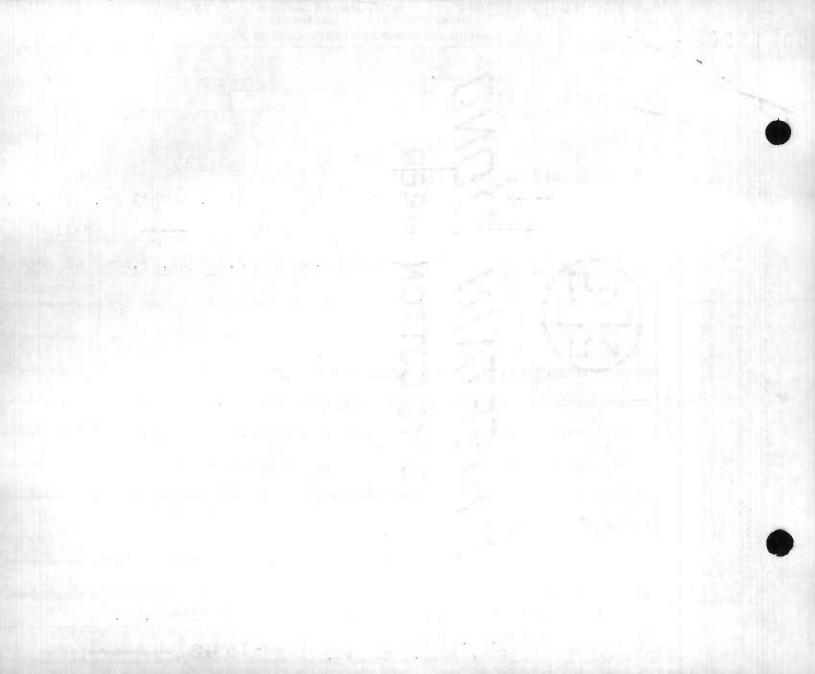
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OR ATT DIRECT Coched fo Dept. of them 21	-11	1	226. SIGNATURE	- A- A- A	DEGI	REE		22c. DATE S	IGNED
0 0 0 0 0			Man 1	1. 10	MA	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2/2/2	0/01
PITA by Store d	- 1	*	224. PHYSICIAN'S NAME (TYPE OR	PRINT)	220	ADDRESS	DIRECTOR PHISICIPA	10/ 20	106
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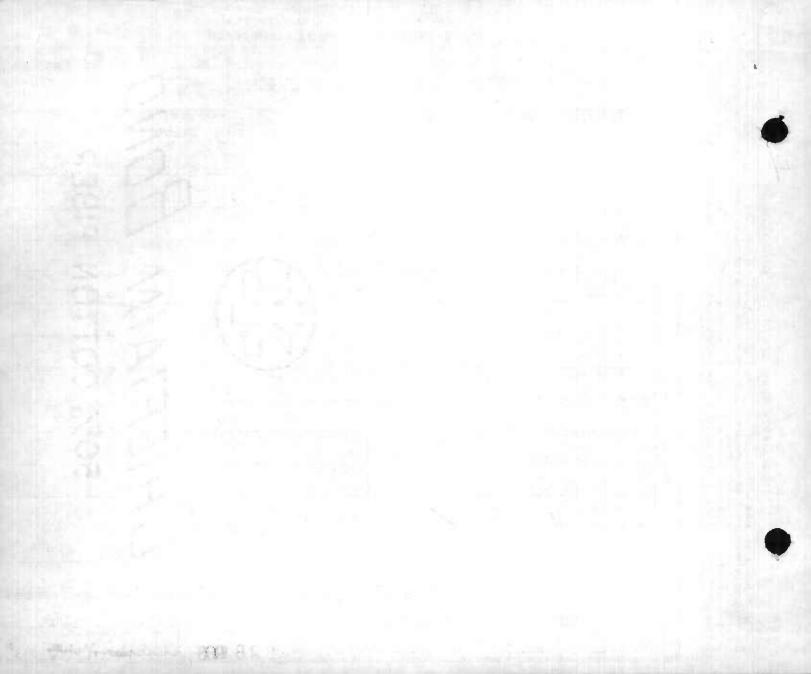
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1 DECEASED NAME 20. DATE KNOWNXX (TYPE OR PRINT) ESTI-DEATH MATED Dereatha Wright 19 86 4 RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR 24 HOUR 4:47 IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED White Female 1986 DEAD 49 P.M 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland DIVORCED Baltimore City, ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Randall E. Handelph Street Homemaker Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21230 134. INSIDE CITY LIMITS? 13e STREET ADDRESS 30 STATE 13c. CITY OR TOWN 11 E. Randall St. Balto . Md. Baltimore Maryland YESKIX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hall Perkins Charles Evelyn 16b. SOCIAL SECURITY NO. 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 216-40-0010 No Mr.Ronald J.Wright, Sr. Same as above CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Rheumatic Heart Disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 to CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES -ИХХОИ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion Homicide Natural causes Undetermined monner ACTUAL 8-15-86 Assistant MEDICAL EXAMINER SIGNATUR EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. Smyth, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230.BURIAL, CREMATION, REMOVAL 236 DATE Baltimore . Md. Loudon Park Cemeterv 07/B4 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Balto Mds. 21230 McCully Funeral Home, 130 E. Fort **DHMH** - 17 Gulia Davidson Aandelies (VR A15 ME (5))



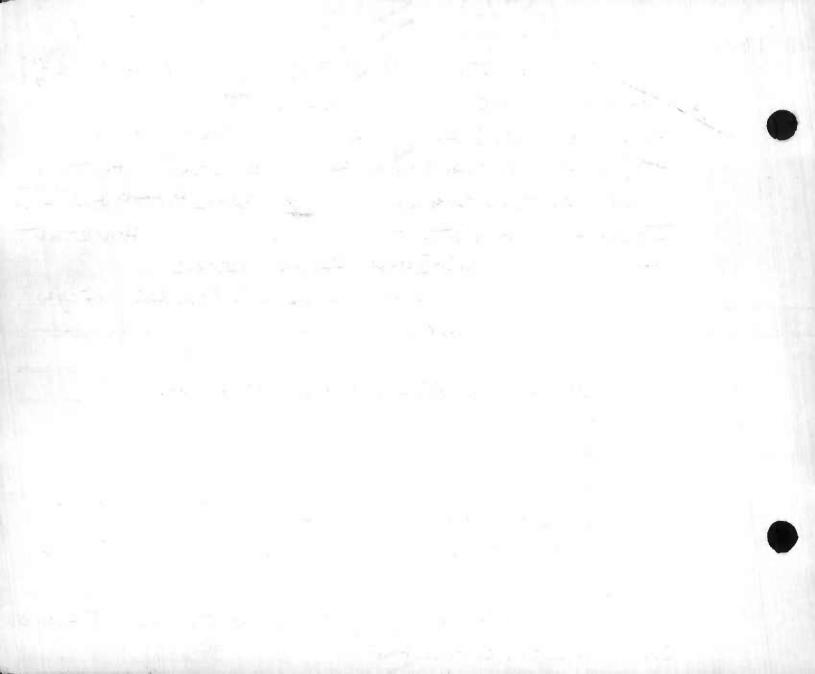
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•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERA DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	77. 61	TYPE OR PRINT	One	arles A.		1500	-	ADDRESS			St.,	Ralto	., MI)	2120	
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	DHMH - 17 (VR A15 ME (5))		NAME		address	- at 10	Ozat h	TOWN				REGISTRAR					
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EMORIES HARFORD

(VRA 15, 4)

who Davidson Mandala



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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1-	FOR STATE REGISTRAR			DEPART		ICATE OF D		SIENES	O REG. NO	2	2	7	6	2
	CEASED NAME OR PRINT)	ANNA	M	M.	(YO	UNG	20. DATE O	FDEATH	MONTH	6	VEAR 86	26 HO	A M
3. SE	EMALE /	3	BLAC	Ř-	S. DATE C	H DAY	VEAR 06	6 AGE (IN	YEARS LAST BIR	THDAY}	MONTHS	DER 1 YEAR	IF UNDE	MIN.
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	YES, NO OR UNKNOW		AR OR DATES)	220-01-			Smit	h 171	7 Pre			St.		
7	Conditions, if gave rise to couse (a), underlying (b)	immediate stating the	(c)	AS A CONSEQUE			dews mach			DITION G	IVEN IN	PART 1	0	
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		Mid Mid not	ins the blody	effer death.	- 1		TTENDING	MEDICAL		F		2c. DATE		
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23a E	BURIAL, CREMAT	ION, REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR C	REMATORY	23d LOC	ATION					

DHMH - 16 60M 7/B4 (VRA 15, 4)

LEROY O. DYETT 4600 LIBERTY HGTS AVE,

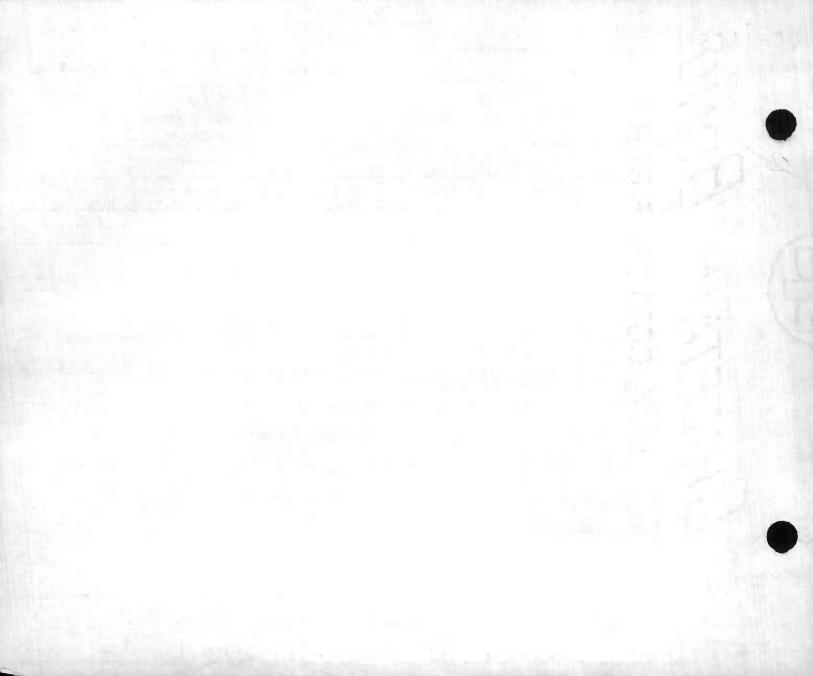
Burial

24 FUNERAL DIRECTOR

8/9/86

King Memorial Park Balto., Md.

25% DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

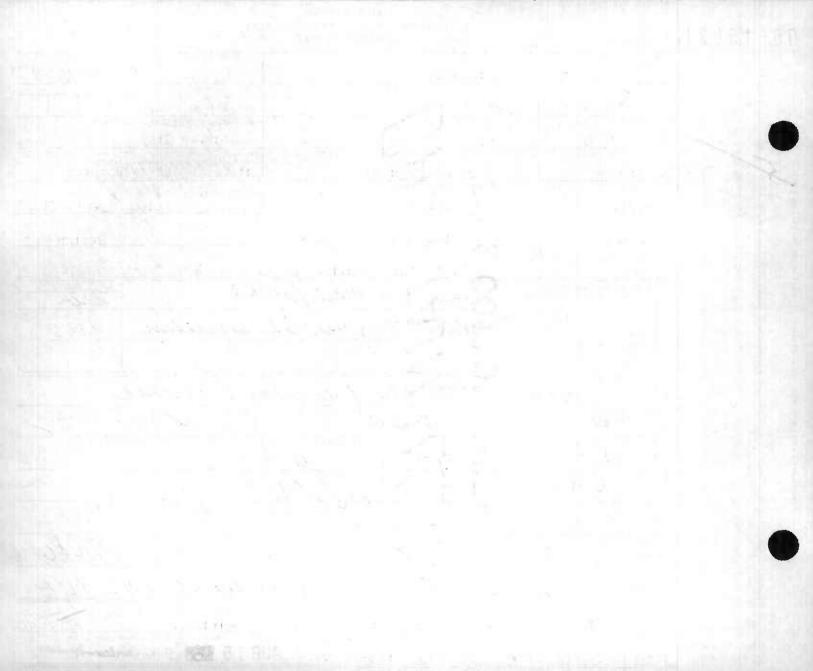
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I CITY OR TOWN O	DEATH		HOSPITAL, NURS		OR OTHER IN	NOITUTION	12a. USUAL OCC			L KIND O	OF BUSINESS OR
Baltimore			cours H		1		Kitchen		1	ospi	
USUAL RESIDENCE (11	NURSING HOME OR O		GIVE RESIDENCE BEF		134 INSIDE	CITY LIMITS?	13e.STREET ADD	DESS / ZIP CO	ODE		
Maryland			Baltim		YES X	NO 🗌				tree	t, 21223
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John		ibbtt	Reifsn	ider	D	ora	M	DOLE		Str	cine
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22d. PHYSICIAN	'S NAME WE OR	PRINT)	0 57	13 A.A.	22e ADDRE	SS	11			,	21110
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230. BURIAL, CREMAT	ION, REMOVAL	23b. DATE		c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO		cou	INTY	STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)

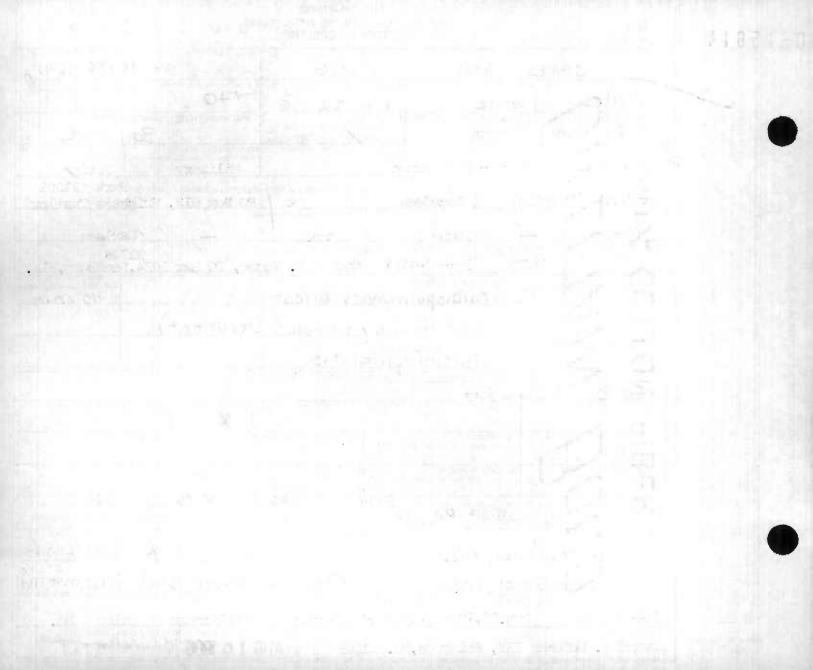
24. FUNERAL DIRECTOR Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

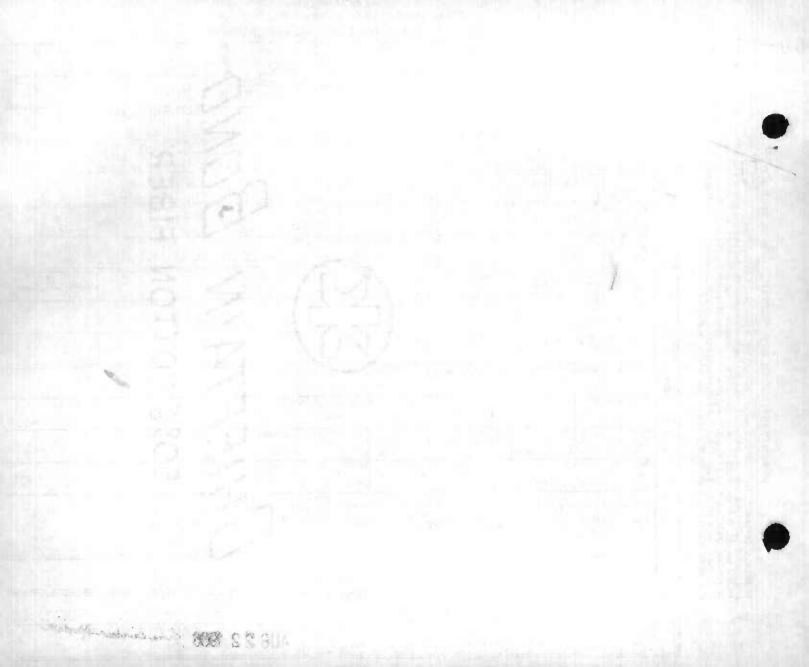
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that d	ol, o		underlying cous	(c)_	hrom	100ph 14	201113					
ires gne	ry. c		PART 2 OTHER SIG	ENIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO TH	E TERMINA	L DISEASE OR CON	DITION GIVE	N IN PART HE) '
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y bee	Prio 1	18	190. DATE OF OPERA	ATION 19 CON	DITION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
on.		Ĕ	4						YES IX NOT			NO
sicio ate	ygie sho	- 3	210. ACCIDENT WAS UN	NDERLYING 7 216 TIME	OF INJURY		21c. HOW INJURY C	OCCURRED	400	-		اليا قات
phy phy	ol H		OR CONTRIBUTING	CHOSE OF DEATH								
SIC	Venia Hent	Š				19	AN LOCATION					
PH end		Å		(AT HOME	STREET, FACTORY, OF	FFICE FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
0 5 5	h ar	1		ORK								
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AP OF	eo eo		220.1 certify that (I									
rtendin ortal or TOR: Afr	of Heo!		sow the decep	sed plive on 11.	57 RM	19 86 ,01	nd that in (my) (our) a	opinion deat	h occurred on the do	te and hour	and from the	couses stated
ATTENDIN hospital ar RECTOR: Af	d for use . of Heo n 21 is m		sow the decep	11.1	57 RM	-15	nd that in (my) (our) a	opinion deat	h occurred on the do	ote and hour	and from the	
he hospital ar DIRECTOR: Aft	hed for use ept. of Heo tem 21 is m		saw the decease above, (I) (we)	sed plive on 11.	57 RM	-15	DEGREE	DING A	MEDICAL STAI	F J		
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by th	e detoched for use State Dept. of Heo NNT: If Item 21 is m		sow the deceo- obove, (I) (we) (27b. SIGNATURE Much 22d PHYSICIAN'S N	red olive on 11.6 (did) (did not) view the box Le gares JAME (TYPE OR PRINT) ELE GALCE, I, REMOVAL 23b. DATE	m)	23c. NAME OF C	ATTEND PHYSIC 22% ADDRESS	Loch	AEDICAL STAI	Flanks Blvd	8-	SIGNED 16-86 21218
TO HOSPITAL	e detoched for use State Dept. of Heo NNT: If Item 21 is m] 24 F	sow the deced obove, (I) (we) (1) 27b. SIGNATURE 27d. PHYSICIAN'S N BURIAL, CREMATION LIFECIPY UNERAL DIRECTOR	red olive on 11.6 (did) (did not) view the box Le gares JAME (TYPE OR PRINT) ELE GALCE, I, REMOVAL 23b. DATE	m) 1986	23c. NAME OF C	ATTEND PHYSIC PHYSIC 220 ADDRESS 3900 EMETERY OR CREMA Cemetery 7	DING A	AEDICAL STAIRECTOR PHYSIC	slvd,	Balti COUNTY Balto	SIGNED 16-86 21218 mar, md
	with respect that death. Page 4 n	HYSICIAN: The low requires that the deoth certificate be execute nating physicion. Instruction been signed by the attending physician and can be uniel-transit permit. Then please remove carbon papers. Pages 1. I Mental Hygiene priar to burial, cremation, or removal. or Item 18 shows any injury, or other traumatic event, the medical energy.	VSICIAN. The low requires that the deoth certificate be executed with the low requires that the deoth certificate be executed with the payon of the content	T. DECEASED NAME (TYPE OR PRINT) TO BHRYSTCIAN. The low requires that the death certificate be seen side of the property of t	The State Registrar I. DECEASED NAME FIRST III COUNTRY) Pa USA III CITY OR TOWN OF DEATH III COUNTRY) PA USA III COUNTRY) PA USA III COUNTRY III COUNTRY III FATHER'S NAME FIRST III CAMPONIO OR UNKNOWN) III FATHER'S NAME FIRST III CAUSE OF DEATH IE INTO OR WAR OR DATES) YES III CAUSE OF DEATH IE THE OR	The part of the pa	The property of the property o	The state registrar regist	The state of Death Certificate of Death	TATE REGISTAR R	The property of the property o	The part of the pa



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST MIDDLE 20. DATE KNOWN 26 HOUR LIYPE OR PRINTS OF ESTI-UNERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS
PRESTON STREET, 86 **JOHN** SR. DEATH MATED 19 YOUNG 19 Benjamin 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER I YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED 2d HOUR 24. MONTH LAST BIRTHDAY DEAD 86 M 69 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYL WIDOWED DIVORCED Baltimore City Maryland U.s.a. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) 2790 The Alameda Clerk Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE 13a STATE 13d INSIDE CITY FIMITS? 130 STREET ADDRESS Maryland Baltimore YESX NO [The Alameda 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Joseph Young Maria Fenwick DIVISION OF 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Yes 214163055 Hester Young 2790 The Alameda 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease ED AS A BURIAL - TRANSIT PER HEALTH AND MENTAL HYGIEN AL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? USED MENT OF HE TO BURIAL, (20 AUTOPSY? YES [NON PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNRAL DIRECTOR; PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 218 PLACE OF INJURY TATHOME 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a. I certify that I was charge of the remainer described above held an Autopsy and in my apinian death resulted for Natural gauses Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** M.D. Assistant MEDICAL EXAMINER SIGNED 8-19-86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BURIAL 8/25/86 MARYLAND GARRISON FORREST OWING MILLS 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 726 REGISTRAR & SIGNAL AND A SIGNAL AND 24 FUNERAL DIRECTOR **DHMH - 17** Wm.C. March F/ H Inc. 1101 East North Avenue (VR AT5 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

L		REGIOTRAR					REG, N	O		
Т		EASED NAME FIRST	MIDDLE	LAS	ST		20 DATE OF DEATH	MONTHA	DAY YEAR 2b	HOUR
1	(TYPE	OR PRINT)	M	4		10 (A. Y.)		8	27)811	6:05 PM
ŀ		VERHOLL			ONNO		1.05	-		
1	3. SEX		4 RACE	5. DATE OF	BIRTH DAY	YEAR	6 AGE (IN YEARS LAST BIR	THDAY		UNDER 24 HRS
1		MME	BLACK	0) Y	15%	6)	YRS		30113
÷	7a BIF	RTHPLACE I STATE OR FOR IGN	76 CITIZEN OF WHAT COUNTRY	? 8	1		9 BALTIMORE CITY C		TY OF DEATH	
4	-	SUNTRY / MA	1.50	MARRIED	NEVER N	ARRIED -	2 -		- 77 -	
4		AHO. 111d	NZH	WIDOWED		ORCED 🗌	PW.	400	F 611	MD.
4	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INST	ITUTION	120 USUAL OCCUPAT		126 KIND OF BU	USINESS OR
4	B	or Down Car	(IF NOT IN SUCH FACILITY, GIVE STREET	T AUDRESS	, Cr	4.00	DOF WORK FOR MOST	He		
1	ISUA	L RESIDENCE LIF NURSING HOME OF	- 1()	ORE ADMISSION)		100	I WASK C	alle	17177	
4	13a. S	TATE 136 COUN	TY THE CITY OR TO	WN	13d. INSIDE CI	TY LIMITS?	130 STREET ADDRESS	ZIP CO	DE 4/66.	-
1	m	my round of	* Born	-Ma	YES T	NO 🗌	1904 W	FEX	Invion	51
T	14 FA	THER'S NAME			15 MOTHER'S	MAIDENNAM				
1		Malinia 10	MIDDLE	0	D	IRST PAR	MIDDLE	R	LAST	4)
4	14- 14	AS DECEASED EVER IN U.S. AR	MED FORCES? IN SOCIAL SEC	PRITY NO.	17 INFORMA	-/1K1	ADDRI		UCANNO	/
ı			E WAR OR DATES)		INTORMA		1	- 11 1 1	1 . 1	4
1		yes 8-	17-43-1945-18	8-1161	JUI	AHIY	OUN9 170	7W	LexIN9Y	ON DI.
ľ		18 CAUSE OF DEATH (Enter or	ily one couse per line for io), (b), o	and ic		7			APPROLIMAT BETWEEN ONSE	E INTERVAL
1		PART I. DEATH WAS CAUSE	D BY	.)	12 -000	DE CA	Acinoma			723
1		IMMEDIA	TE CAUSE (a)	771 6 4	2 1-0-1 B	16 00	ACTION WITH		2 16	1117
1			DUE TO, OR AS A CONSECU	UENCE OF						
1		Conditions, if any, which	(b)_							
1		gave rise to immediate cause (a), stating the	S DUE TO OR AS A SOURCE	151105 05	100		ATT			Thursday .
1		underlying couse lost	DUE TO, OR AS A CONSEON	UENCE OF						
1			(c)							
1	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITIONG	IVEN IN PART 110	
	CERTIFICATION	CONGEST	INT HEADT F	ALLUD	h=					
-9	S	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION	WASPERFO	RMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDINGS	USED
	Ē	NIA	NI	IA			YES NOTE		TIFYING CAUSES OF	DEATH?
3	E N	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1	21r HOW IN	JURY OCCURR	- 44			
d	-	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		om occom	ED TEMIENTANIONE OF HAJO	NT IIN TIEM TO	PART OF THE 27	
/1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19						
1	9	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
1	Σ	WHILE NOT WHILE D	CAT HOME STREET, PACTORY, OFFICE	PARM, ETC. J	3111661		(11.04.10			31416
Н			tal) attended the deceased from	2111		19 86	1.8	2-5	10 8 6 that	10 (c 2 d 4
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1		obove, (1) (we) did (did no	1) view The body after death.			our opinion a	eom occurred on the di	ore one no	our and from the caus	ses stated
1		226 SIGNATURE		DI	EGREE				22c. DATE SIG	NED OCA
J		1 North	One	h	A CER	TTENDING HYSICIAN	MEDICAL STAI	IAN	1812	1186
1		224 PHYSICIAN'S NAME (TYPE C	R PRINT)		22e ADDRESS		POINCE TOK ENTITION	. IAIT [_]		110
1		J. ~ 1 10.	~970N		136	o As	MR LENSTH	C-		
4		KEED B- WI	211010		, 0	0 11 3	2012 MAJAN	> '	4581	
		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CE	METERY OF C	REMATORY	23d LOCATION	1	Legions	
	13	KURIAL	8-30-866	ROWPS	Suille	(e.	71 // / /	UNGE	COUNTY	Md.
ŀ	24 FU	NERAL DIRECTOR	0	1 10 10 100	V.,,.	250 DATE			STRAR'S SIGNATURE	
	1.1	my Ban	DA THE FILL ADDRESS	1/101	2 11 6	1. CE	2006 C d	de	A LONG ASSESSMENT	Months .
1	1	CIDROWN	om.m. 1:41. 120	16 CE. N	JOK W M	OG. OE	Z 1300			

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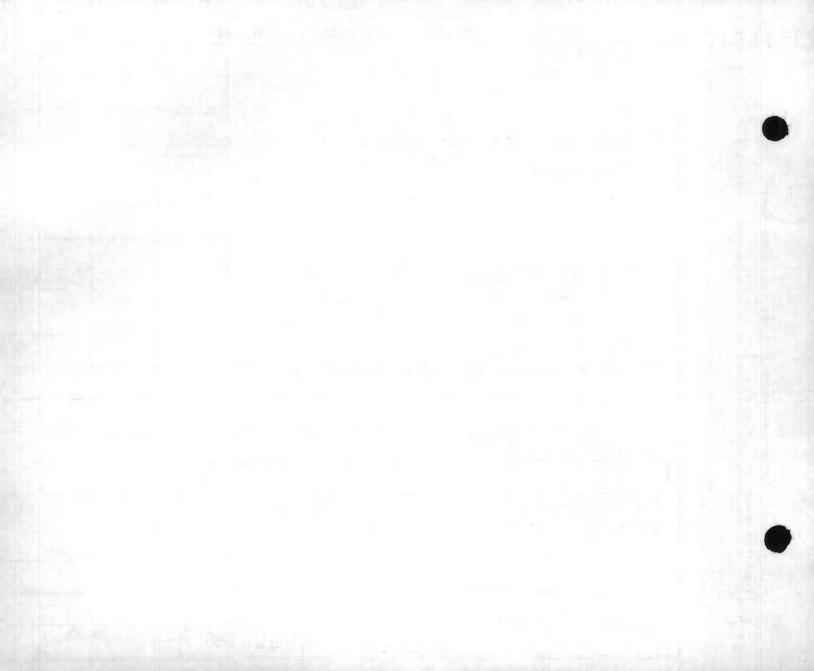
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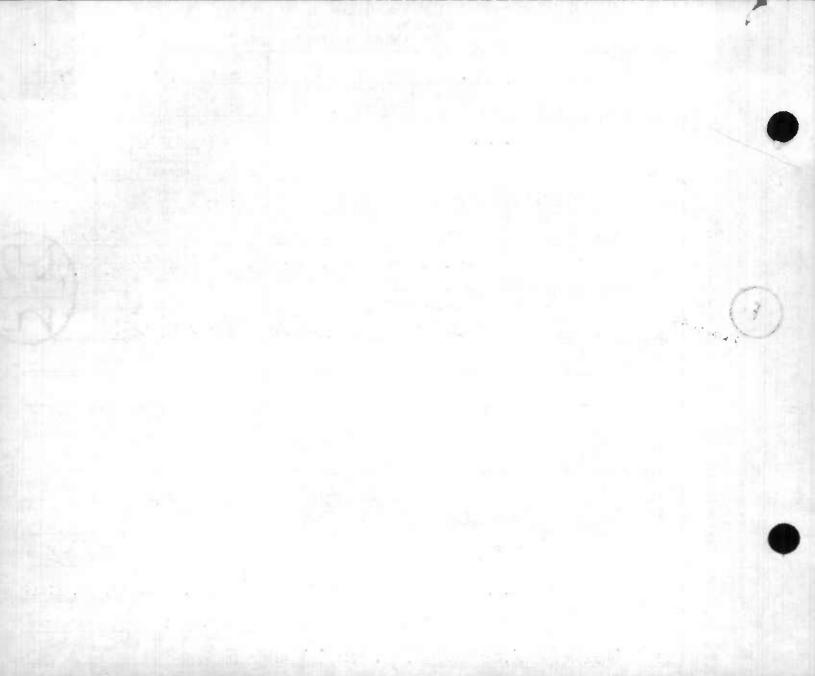
A THE RESIDENCE OF A SERVICE AND A SERVICE AND ASSESSED.

5451	FOR STATE REGISTRAR	DEPARTMENT O	F HEALTH AND MENTAL HY IFICATE OF DEATH	GIENE 6 2 2	961
deoph deoth 3	DECEASED NAME LOTS LOCA SEX	A NIDDLE YOU	THOMAS OUNG-THOMAS	20 DATE OF DEANING MONTH 14	1986 2b. HOUR
rs ofte	Female FEMILE	Black	2 24 34	51 YRS	NIHS DATS HOURS MIN.
č 5	BIRTHPLACE (STATE OR FOREIGN	THE CITIZENI OF WHIAT COUNTRYS IS	RIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	F DEATH
The same	Maryland	U.S.A. WIDO	WED DIVORCED	Baltimore City,	Md. MD.
	Baltimore	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 612 Pubped Way		12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OPhthalmologist	12b. KIND OF BUSINESS OR INDUSTRY
DE 13	Maryland		13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 612 Pubped Way B	alto. Md.21230
ond 2 st	FATHER'S NAME FIRST Ralph	MIDDLE LAST Young	15. MOTHER'S MAIDEN N. FIRST Adelaid	MIDDLE	LAST
d de de	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY NO		ADDRESS	-11,4
Po do	No	214-40-8897	Joseph H. T.	homas, Jr. 612 Pub	
hysical oval. nt, th	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b), and (c)	117 11 100	ro T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng b		TE CAUSE (0) CARDIORESPI	KAJURY AKKE	3/	
notion and		DUE TO, OR AS A CONSEQUENCE OF	TIE WATER TO		
atio	Conditions, if ony, which	(b) CANCOR Of /	4C DREAS/ W/	TH METRITASIS TO	
rem her t	couse (o), stating the	DUE TO, OR AS A CONSEQUENCE OF	CAIN, LIVER &	TH METASTASIS TO BONES	
ol, o	underlying couse lost.	(c)			
njury, o	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN	IN PART No
Hygiene prior to B shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V IN CERTIFY IT	VERE FINDINGS USED NG CAUSES OF DEATH?
		The same of the same of	216. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
A Lem	OR CONTRIBUTING CAUSE OF DEA	Alti			
nd Mentol	21d INJURY OCCURRED	21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM ETC.]	21f LOCATION	CITY OR TOWN	COUNTY STATE
rked	AT WORK NOT WHILE	THE STREET, PACTORY, OFFICE, FARM, ETC])	CITORIOWN	COOMIN STATE
e olt	22a I certify that (1) (this hospi	ital) attended the deceased from	INE 25 1986	10 AUGU 14 19	&C that (1) (we) lost
21 is	sow the deceased alive on	106.14 1986	and that in (my) (our) apinion	death occurred on the date and hour or	
ppt.	22b. SIGNATURE	ot) view the body after death.	DEGREE		226 DATE SIGNED
- ±	9.0	32- 0	ATTENDING	MEDICAL STAFF	
	$\sim m(1)$	ande 1 /12 . 11.	PHYSICIAN	DIRECTOR PHYSICIAN	
Stor AN	22d. PHYSICIAN'S NAME (TYPE O	OR PRINTI	22e ADDRESS		
hould be de	22d. PHYSICIANS NAME (TYPE OF	MOY. M.D.	100 V. BR	KANLY, BALTO.	M. 2/23/
with the St MPORTAN	LM JUM. BURIAL, CREMATION, REMOVAL	1/MOY, M.D. 236 DATE 236 NAME OF	100 U. BRI CEMETERY OR CREMATORY	23d LOCATION	
Should be with the Sh	LM JUM. BURIAL, CREMATION, REMOVAL	MOY. M.D.	CEMETERY OR CREMATORY		Co., Md. STATE

44 L L L LOI Beltimore City, Me. Surveio Evencio veil Council and Maltimore - X - 12 Papped Var Enley. Md. 21230 Almare dance . The ca, it, il a white the files Factor Lag. 1s, 1 Not Ago this Mer. Early Dances, Ealton Co., Mg. Marchell W. Jones, Jr. va 4101 attendeon Twe. Will I b 28 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME TO DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) ESTI-ZACK GEORGE DEATH MATED X 8-10-8619 IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I WI PRESTON STREET, 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS 2d HOUR DATE DAY LAST BIRTHDAY) PRONOUNCED 8:57p 8-12-86 DEAD Male White 16 59 YRS TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED -DIVORCED Baltimore City Maryland ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY W. Pratt Street 1833 Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY Md. Balto. 1833 W. Pratt St. NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST 17 INFORMANT 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I (IF YES GIVE WAR OR DATES) 212-22-9238 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME, 211 LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR P
AFTER DEATH, WITH THE ST
BALLEINORE, MARYLAND, 2 Inspection X 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion death resulted from Notural couses Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE-13-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M. DADDRESS 111 Penn Street (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 13c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 8-21-86 Remova 1 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS (VR A15 ME (5)) Anatomy Board Balto., Md.





(VRA 15, 4)

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STATE OF MARYLAND

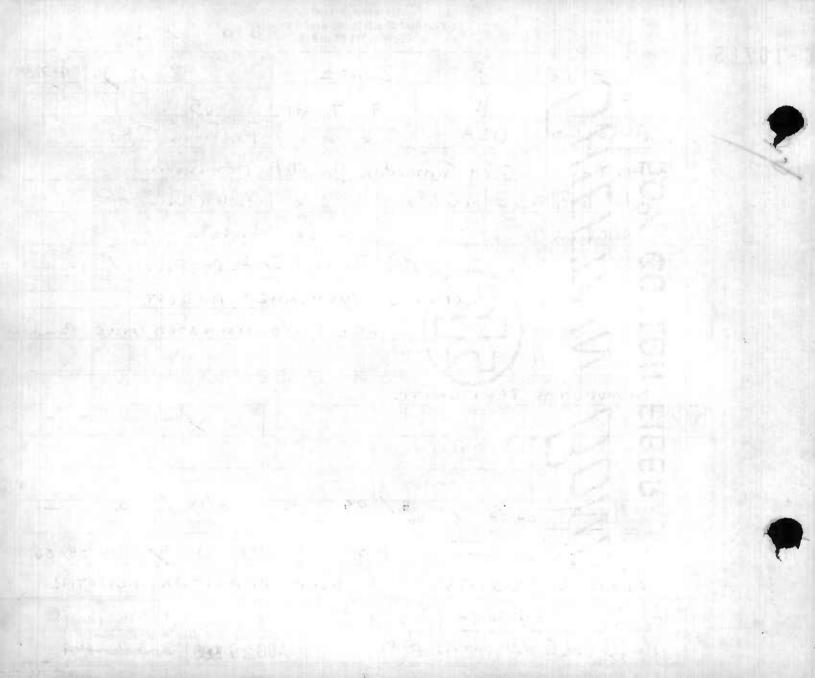
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTIFICAT	UT DEATH	REG. NO.				
1		EASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MO	NIH DAY	YEAR	26 HOUR	
1	(TYPE	Alice	P	700	+7	0	28	8/2	9.35 1	
ł	3 SEX		14 RACE	5. DATE OF BIRT	Н	6. AGE (IN YEARS LAST BIRTHDA	(Y) IF UNI	DER I YEAR	IF UNDER 24 HRS	
ı	0.027	F	14/	MONTH	DAY YEAR	15	MONTH	S DAYS	HOURS MIN.	
J			ΥV	7	7 31	(2)	YRS			
1	70. BIR	OHNIEN (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF D	EATH		
	n	anth Carolina	USH	WIDOWED	DIVORCED [159 HI man	, Cit	7	MD.	
3	II CII	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST		ER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR	
4	F	Balto. City		maritan	Hospital	Tomina	Kek	DOSIRI		
7	130-S	L RESIDENCE (IF NURS	ROTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)				12/	237	
7	134-0	md. B	Hemere Rosal			13e.STREET ADDRESS / ZI	es ex	prof		
9	14 FA	THER'S NAME			OTHER'S MAIDEN NAM		0			
1	7	Vu Known	MIDDLE LAST		Alica	HARTS 10.		ŁAS	1	
		AS DECEASED EVER IN U.S. AR		ECURITY NO. 17 IN	FORMANT	ADDRESS		Ctea	ach tun	
-	(4)	ES NOOR UNKNOWN) (IF YES, GIV	VE WAR OR DATES	0-1333 St	replan F. C	entz RD3 R	wy 232	0,-0	Penna!	
1		18 CAUSE OF DEATH (Enter or	nly one couse per line for 101, (b)	, and ic				APPROXI	MATE INTERVAL	
4		PART I. DEATH WAS CAUSE	TE CAUSE (b)	RDio - P	ANONA	RY ARRIZI	EST	4		
		III III III	Marie State Office	OUENICE OF	1	The state of the state of				
	-24	Conditions, if ony, which	DUE TO, OR AS A CONSE	UR	EMIA/D	issEMIN ATO	ED CAN	CEP	3 4041	
		gove rise to immediate	(b)		011111111111111111111111111111111111111	100000000000000000000000000000000000000	· · · · · ·		2 4(0-4)	
		cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	QUENCE OF			F 73			
١			(c)							
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F PSEUDOMONAS PERITONITIES								
	CERTIFICATION	19 DATE OF OPERATION	196 CONDITION FOR WH		2525220	20a AUTOPSY? 20	I IS VEC WE	DE EN IDA		
1	ic.	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS	PERFORMED		LERTIFYING			
	RTIF					YES NO	YES [NO []	
7		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	IOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 C	OR PART 2)		
ı	AL	(IF EITHER NOTIFY MEDICAL EXAMINE	AID	19						
1	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		OCATION	CITY OR TOWN		OUNTY	STATE	
1	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFF	ICE, FARM, ETC)	SIKEEI	CHTOKIOWN		CONTI	STATE	
1		22a.1 certify that (I) (this hesp	nttended the decensed fro	m 08 / 0	4 /10 86	10 08/28	19.8	8	that (I) (we) lost	
		sow the deceased alive an			7	leath occurred on the date				
ï	3	obove, (I) (wow(did) (did no	yiew the bady after death.	DEGRE				22c DATE		
ľ	- 2	-AZ	5-0-	M 2	ATTENDING	MEDICAL STAFF	11	08/	. / -	
4		22d. PHYSICIAN'S NAME (TYPE O		0.	PHYSICIAN	DIRECTOR PHYSICIAN		08/	20/00	
ī				226		AMARITA	٨/ ١١،	acei	TAL	
4		ALKIL G.	TOGIAS		G000 3		// /-/	7711	1472	
	230 B	BRIAL, CREMATION, REMOVAL	236 DATE \$ 20-86	NAME OF CEMETE	RY OR CREMATORY	23d LOCATION		INTY (MATE	
	1	tornial	0-00-00	Blue Kage	Courtery	hermon		anto	Maria	
	24 FL	NEWAL DIRECTOR	1711 Chocadore	ss Auce		REC D. BY REGISTRAR 256			0	
		Jag week	12.1 - 0200	//	I AL	1629 1986 7	the Day	1001-1		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



(VRA 15, 4)

4905 York Road Balto. MD

ETPOH MO TENTETTOH LIL WE TEST NORTH TENT TO BELLE, WOLL content 8 11 35 Months intends W. Janeine Musbon Co.

LESSE YORK RABILIFERS., MESS PARTER LA